

Ann Maria Attraw

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1909	Month May	Day 15	Age 74	Years	Months 3	Days 11
Sex	Female	Color or Race	White		Birth-place	Harmonyston, Md	
Occupation	Retired		Where Residing if not at place of death		X		
Married, Single or Widowed	Widow	Name of Wife or Husband	Jacob G. Attraw		Father's Birthplace	Frederick, Md	
Father's Name	Geo. C. Miles		Mother's Birthplace		1880-1885		
Mother's Maiden Name	Louise in Ducommun		How related to deceased		Son		
Name of person giving information	Tho. J. Attraw (Son)						

CAUSES OF DEATH

64

How long

10 yrs

How long

4 days

Primary

Sobrio Sclerosis

Immediate

Apoplex

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide

Signature of Physician

Address

J. S. Maynard, A.
17 Second St. W.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
Sex	Female	Color or Race	Age	—	—	—	
Occupation	Where Residing if not at place of death					—	
Married, Single or Widowed	Name of Wife or Husband					—	
Father's Name	Thomas Attuau					Father's Birthplace	
Mother's Maiden Name	Jennie Jacobs					Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. M. Goodman.
Frederick

Accident or Suicide?

61

62

Name
in
Full

Susan Bidderup

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Montgomery Hospital		Frederick				
Date of death	1907	Month May	Day 2	Age 79	Years	Months X
Sex	Female	Color or Race	White	-		Days
Occupation	Inmate in Abundance					Where Residing if not at place of death
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Unknown		Father's Birthplace			
Mother's Maiden Name	Unknown		Mother's Birthplace			
Name of person giving Information	Hospital Record					How related to deceased

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary

Cancer of Stomach

How long

six mo

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

R. S. Lyson,
Frederick, Md

Accident or Suicide?



Bitzes

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1907	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Birth-place	City		
Occupation			Where Residing if not at place of death	Same			
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Ralph Bitzes		Father's Birthplace	Va			
Mother's Maiden Name	Annie A. Hout		Mother's Birthplace	F. Co Md			
Name of person giving information	Ralph Bitzes		How related to deceased	Father			

CAUSES OF DEATH

71

Primary

Infantile Spasms

How long

From Birth

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

C. J. Gordon and Son

Frederick

Accident or Suicide?

Instrument at Mt. Olent

" May 3 -

Thomas P. Rice

Sarah Brause

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>Montauk Hospital</u>			County <u>Frederick</u>	MARYLAND	
Date of death <u>1907</u>	Month <u>5-</u>	Day <u>8</u>	Years <u>93</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Frederick Co</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>widow</u>	Name of Wife or Husband <u>George Brause</u>				
Father's Name <u>unknown</u>	Father's Birthplace <u>unknown</u>				
Mother's Maiden Name <u>unknown</u>	Mother's Birthplace <u>unknown</u>				
Name of person giving information <u>H. M. Shook</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

179

How long

How long

Primary

Senility -

Immediate

Are the name, age, sex, color, date and place correctly given above?

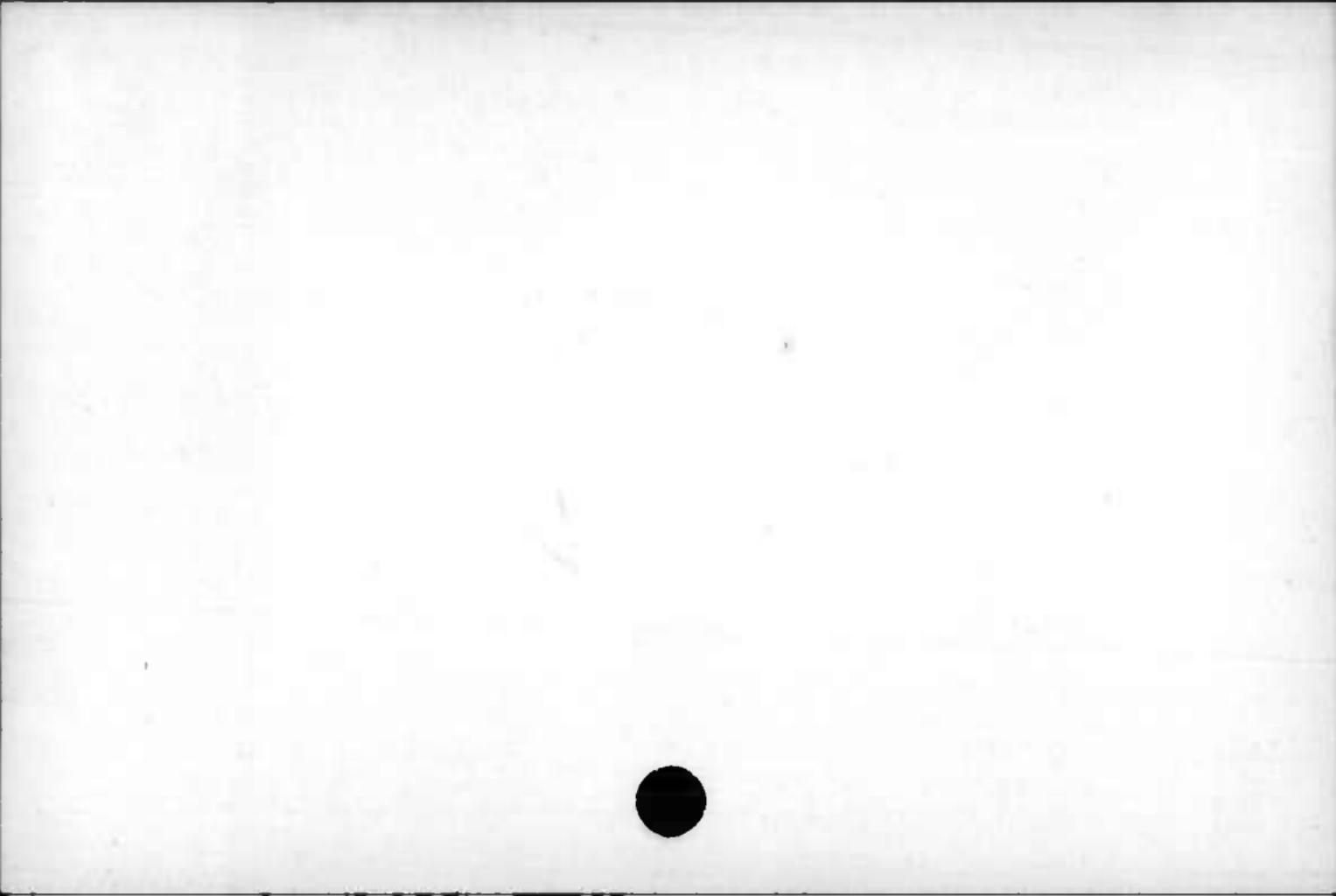
yes

Signature of Physician

Address

R. S. Lyson
Frederick
Md

Accident or Suicide?



Name
in
Full

Martha Ann Bridgman

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1907	May	29	in	74	8	14	
Sex	Female		Color or Race	White	Birth-place	Virginia	
Occupation	Sister of Charity		Where Residing if not at place of death		—		
Married, Single or Widowed	Single		Name of Wife or Husband	—			
Father's Name	John Bridgman		Father's Birthplace			Va	
Mother's Maiden Name	Catherine Barnett		Mother's Birthplace			Va	
Name of person giving information	John Brauner, Executor		How related to deceased			none	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Myocarditis

How long

three weeks

Immediate

Collapse of the Walls of the Heart

How long

last minute

Are the name, age, sex, color, date and place correctly given above?

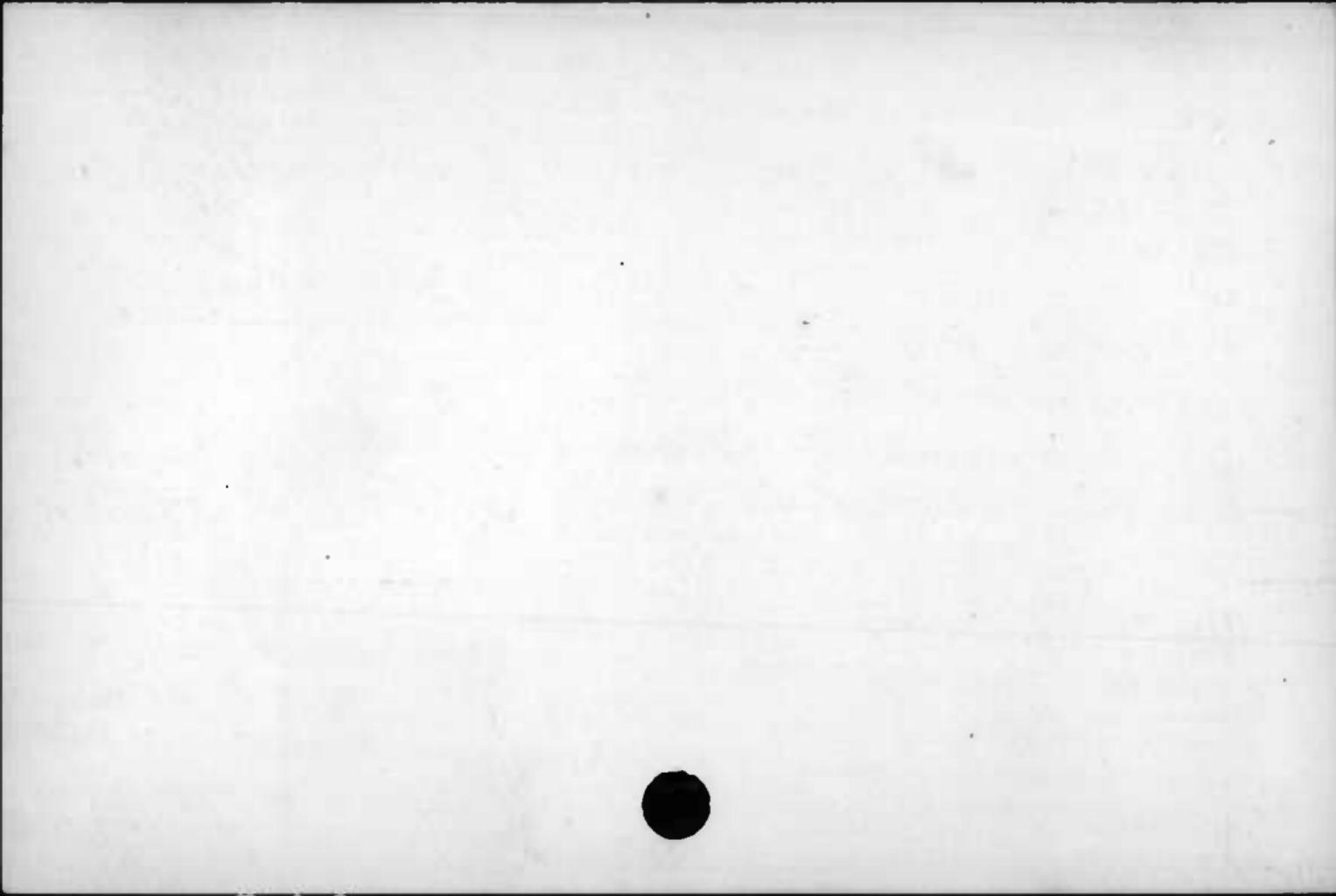
Yes

Signature of Physician

Address

John Brauner, M.D.
Elmwood

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Hanna Elizabeth Buhman.

CERTIFICATE OF DEATH

Died at Towson

County Frederick.

MARYLAND

Date of death 1907 May

Month 3 Day

Age 52 Years

Months 8 Days 7

Sex Female

Color or Race

White

Birth-place

Fred. Co.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Married Name of Wife or
Husband

Edward Buhman

Father's Birthplace

Fred. Co.

Father's Name

William Gates

Mother's Birthplace

" "

Mother's Maiden Name

Matilda Brown

How related
to deceased

Husband

Name of person giving
Information

Edward Buhman

CAUSES OF DEATH

54

How long

1 year

Primary

Pernicious Anemia

How long

1 week

Immediate

Emphysema - Collapse

Are the name, age, sex, color, date
and place correctly given above?

yes

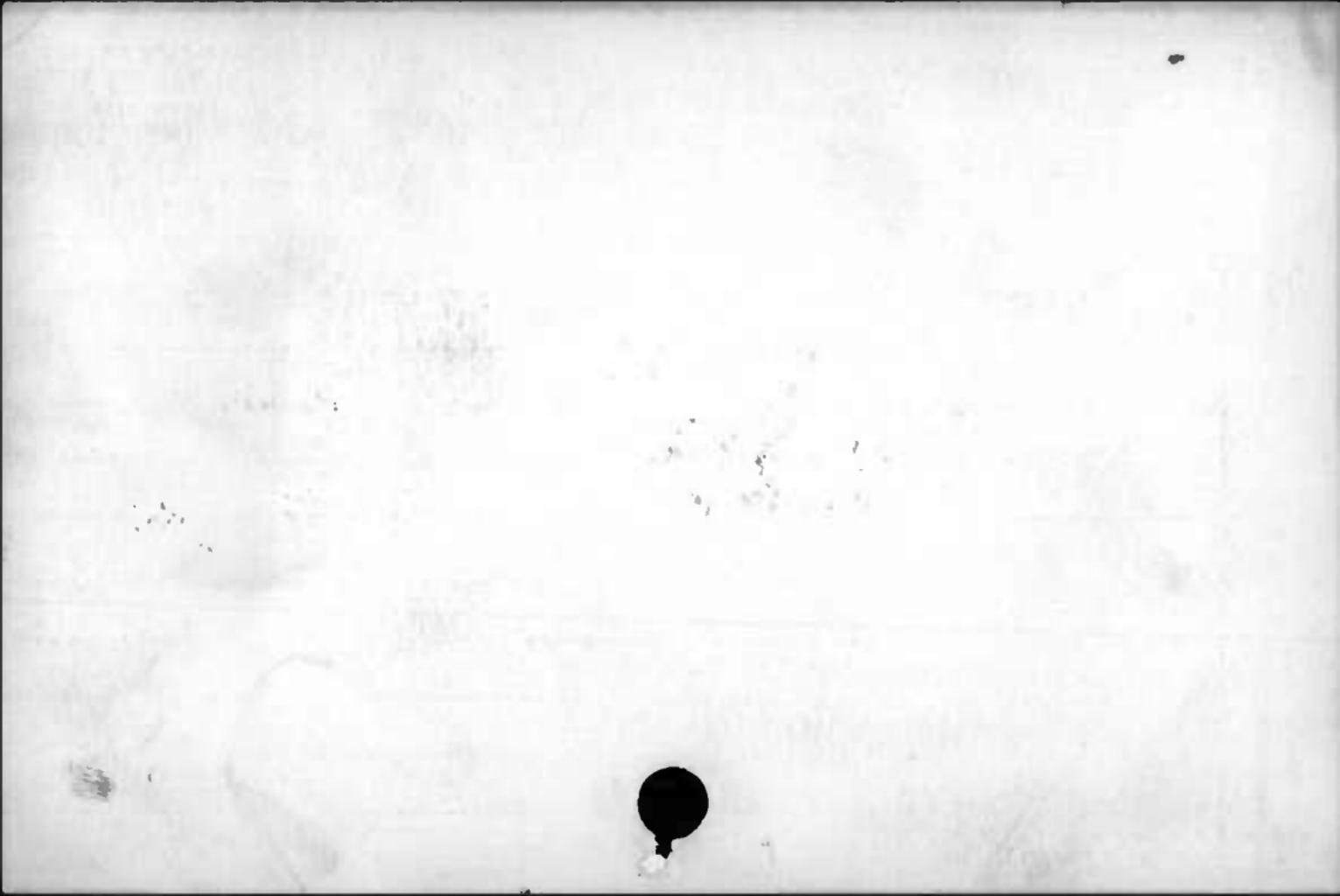
Signature of
Physician

Morris A. Birg

Address

Thurmont -
Md

Accident or Suicide?



Name
in
Full

Elias Wesley Castle

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Wolfsville	Frederick	
Date of death	Month	Years	Months
1907	May	12	1
Age	Days		16
Sex	Color or Race	White	
Male			
Occupation	Where Residing if not at place of death		
Farmer	Wolfsville		
Married, Single or Widowed	Name of Wife or Husband	Mary Elizabeth Peoples	
Father's Name	Unknown	Father's Birthplace	Unknown
Mother's Maiden Name	Unknown	Mother's Birthplace	Unknown
Name of person giving Information	Mrs. Kirk Gouker	How related to deceased	Daughter-in-Law

CAUSES OF DEATH

(50)

PHYSICIAN
OR CORONER

Primary

Diabetes Mellitus

How long

Several years

Immediate

Exhaustion

How long

15 days

Are the name, age, sex, color, date
and place correctly given above?

Yes.

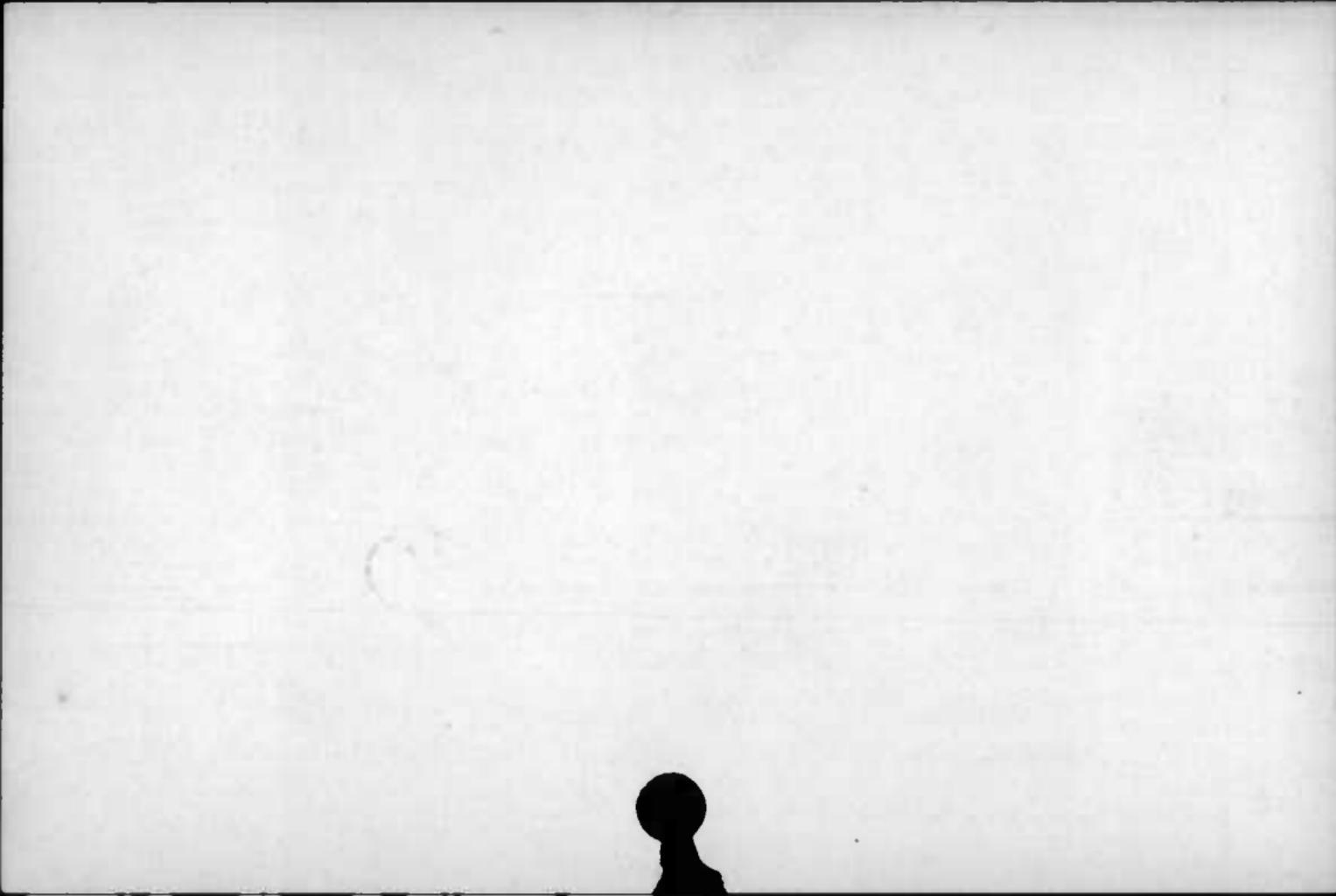
Signature of
Physician

Address

Ralph Brownrig

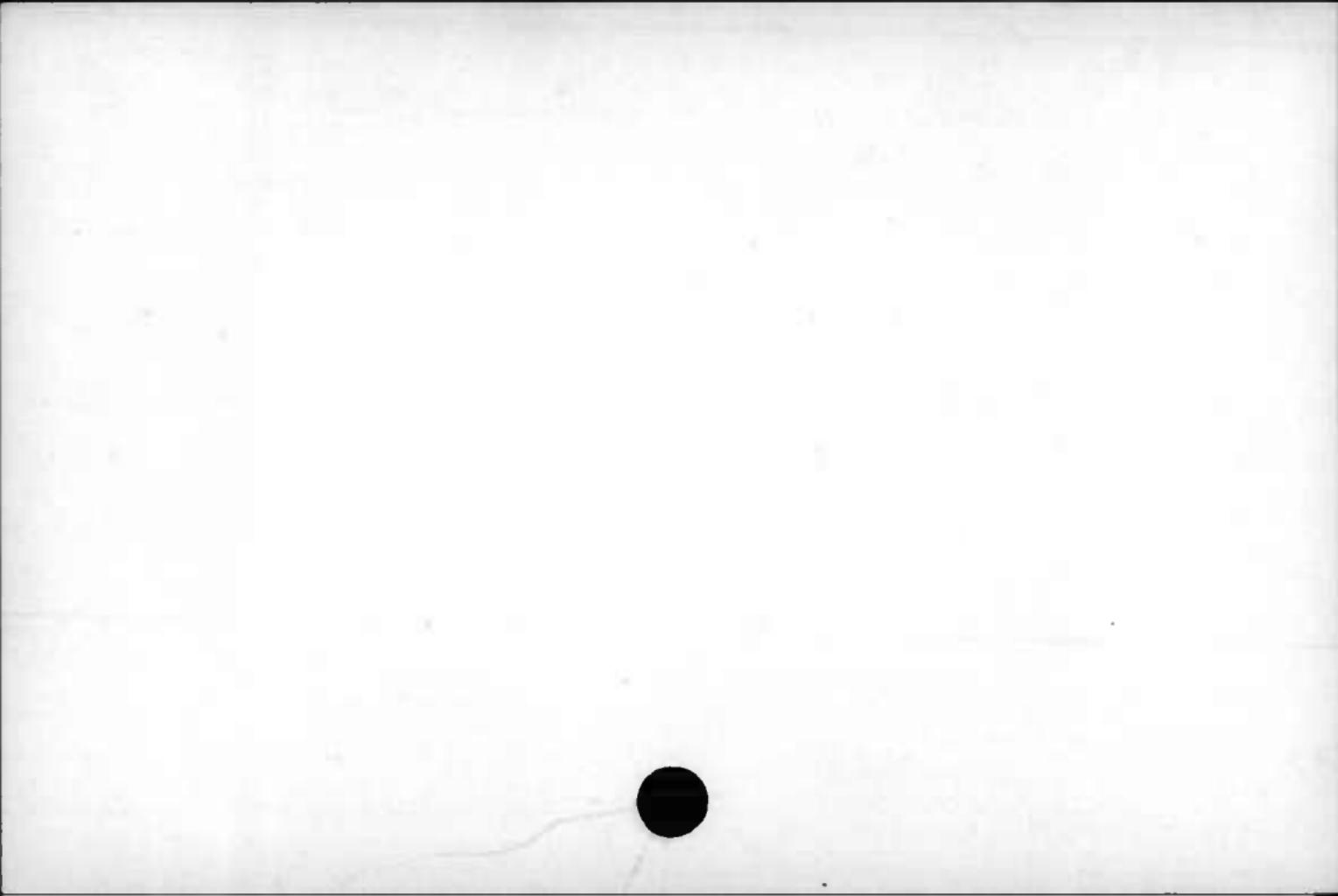
Mylesville, Md.

Accident or Suicide?



<i>Stephen Clark</i>					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death	1907	Month 5	Day 8	Years 42	Months —	Days —	
Sex	male	Color or Race	<i>Black</i>		Birth-place	<i>Washington</i>	
Occupation	<i>Inmate for men under</i>		Where Residing if not at place of death				
Married, Single or Widowed	<i>Unmarried</i>	Name of Wife or Husband	<i>Unmarried</i>		Father's Birthplace	<i>Unmarried</i>	
Father's Name	<i>Unmarried</i>				Mother's Birthplace	<i>Unmarried</i>	
Mother's Maiden Name	<i>Unmarried</i>				How related to deceased		
Name of person giving Information					69		
CAUSES OF DEATH							
Primary	<i>Epileptic Convulsions</i>						
Immediate	<i>Cardiac & Convulsions</i>						
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>R. S. Lyons</i>				
		Address	<i>Frederick, Md</i>				

Accident or Suicide?



Leo Franklin Collins

CERTIFICATE OF DEATH

Died at Woodabon		Town	County	MARYLAND		
Date of death 1907	Month May	Day 8	Years	Months 2	Days 11	
Sex Male	Color or Race Calpaca	Birth- place Frederick Co. Md.				
Occupation Not any	Where Residing if not place of death					
Married, Single or Widowed ✓	Name of Wife or Husband					
Father's Name Franklin William Ezra Collins	Father's Birthplace Frederick, Md.					
Mother's Maiden Name Caroline Virginia Brewster	Mother's Birthplace Frederick Co. Md.					
Name of person giving Information Franklin W. E. Collins	How related to deceased Father					

CAUSES OF DEATH

14

Primary

Dysentery

How long

About 2 weeks.

Immediate

General Asthenia

How long

" "

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

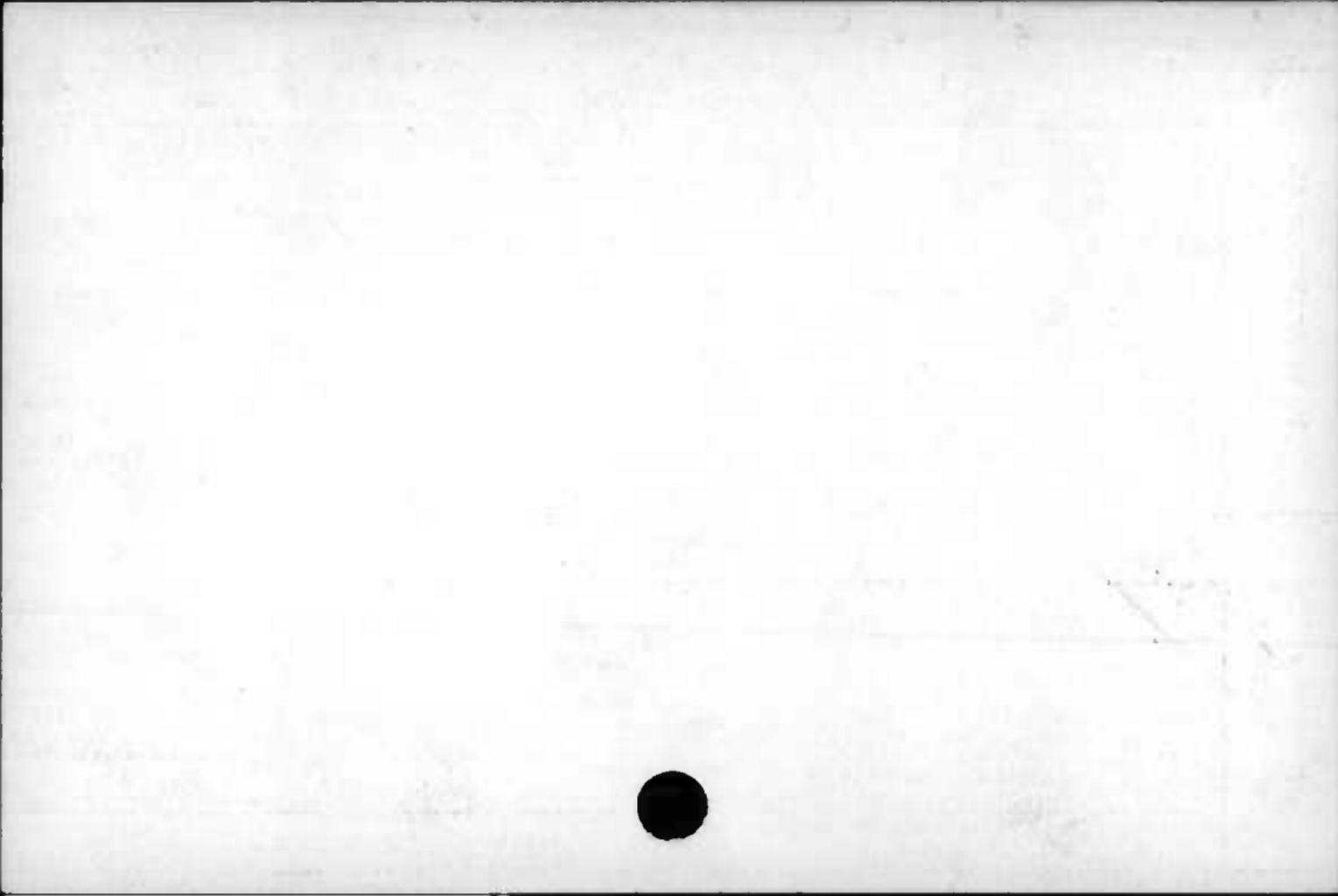
L. A. Stultz

So far as I know

Woodabon

Accident or Suicide?

Md.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Davis 110,90.

CERTIFICATE OF DEATH

Died at	Town		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place	New Market, Md	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	— unmarried			
Father's Name	Father's Birthplace Maryland				
Mother's Maiden Name	Mother's Birthplace Maryland				
Name of person giving information	How related to deceased Father				

New Market, Maryland

May 27 1907 0 3

Male black 0 New Market, Md

none

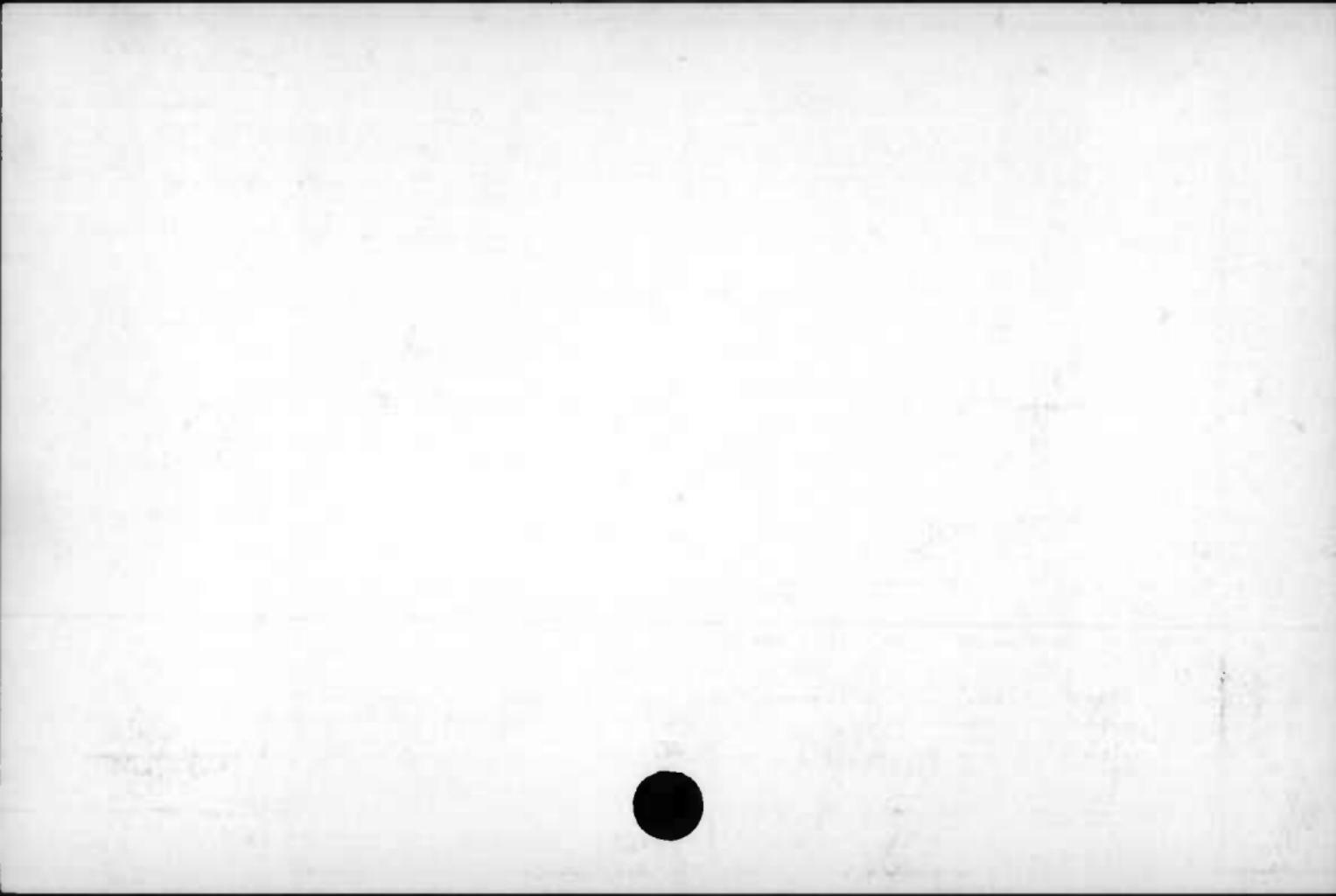
Single Clifford Davis

Mary Hopkins

Clifford Davis

CAUSES OF DEATH

Primary	Convulsions	(71)	How long 3 days
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician H. H. Hopkins M.D.	Address New Market
Accident or Suicide?	no	Fred. Co.	Md.



Name
in
Full

John H. Derr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month May	Day 12	Years 68	Months 1	Days 15
Sex	Man	Color or Race	White	Birth-place	Middletown	
Occupation	Farmer	Where Residing if not at place of death			Bolivar	
Married, Single or Widowed	Single	Name of Wife or Husband	Catherine Derr	Father's Birthplace	Middletown	
Father's Name	Philip Derr	Mother's Maiden Name	Elizabeth Croone	Mother's Birthplace	Middletown	
Name of person giving information	Samuel Boulus	How related to deceased			Son-in-law	

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary

Paralysis cerebral -

How long

4 weeks

Immediate

Ex hemorrhage

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

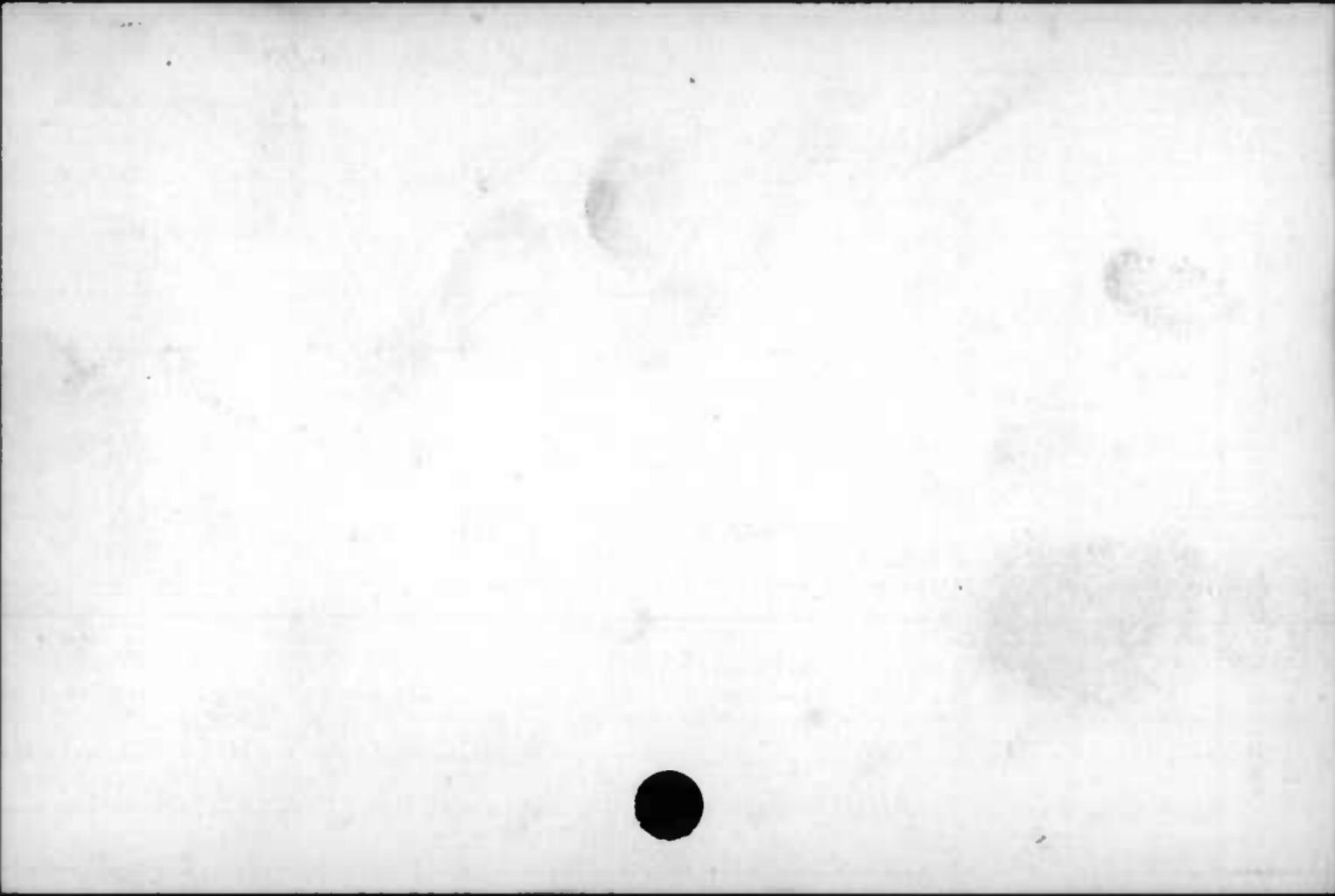
Signature of Physician

Address

S. S. Davis

Bonadord
Md

Accident or Suicide?



Name
in
Full

Margaret Ray Devilbiss

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

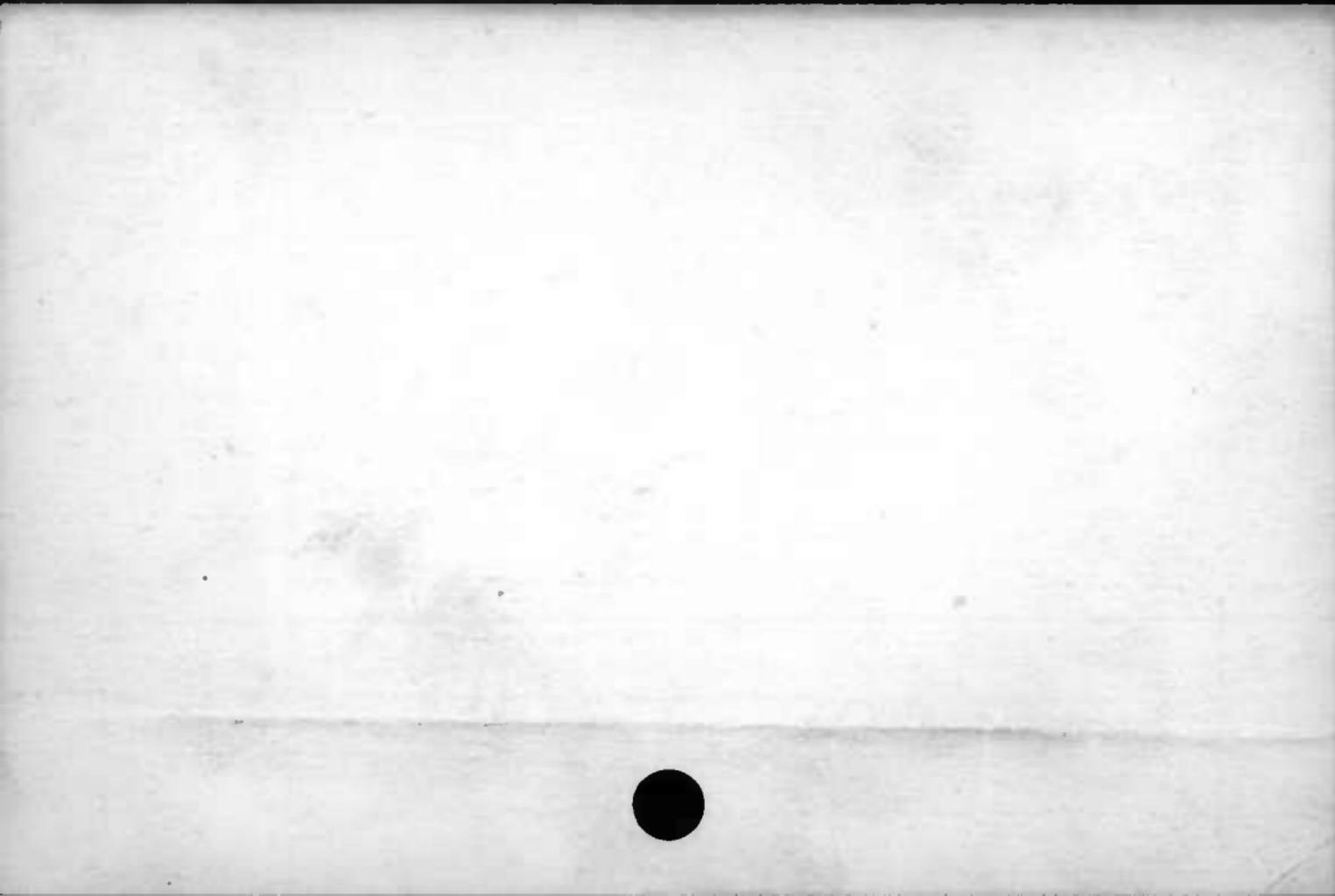
Died at		Town	County		MARYLAND		
Date of death	1907	Month May	Day 12	Years 17	Months 8	Days 14	
Sex	Female	Color or Race	White	Birth-place		Maryland	
Occupation	None	Where Residing if not at place of death			At place of death		
Married, Single or Widowed	Single	Name of Wife or Husband		Has none			
Father's Name	Lee P. Devilbiss	Father's Birthplace		Md.			
Mother's Maiden Name	Mary Shipley	Mother's Birthplace		Md.			
Name of person giving information	Clarence S. Smith	How related to deceased		None			

CAUSES OF DEATH

Primary	Abscess on Lung -	(99)	How long
Immediate	Exhaustion		How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John P. Sappington M.D.
		Address	Unionville
Accident or Suicide?	Neither		Maryland -



Name
in
Full

William Francis Earlesey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	5	2	66	7	16
Sex	Male	Color or Race	White	Birth-place	Jefferson
Occupation	Carpenter				
Where Residing if not at place of death	Jefferson				
Married, Single or Widowed	Married	Name of Wife or Husband	Martha Ellen Earlesey	Father's Birthplace	Jefferson
Father's Name	Rev Earlesey				
Mother's Maiden Name					
Name of person giving information					
How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

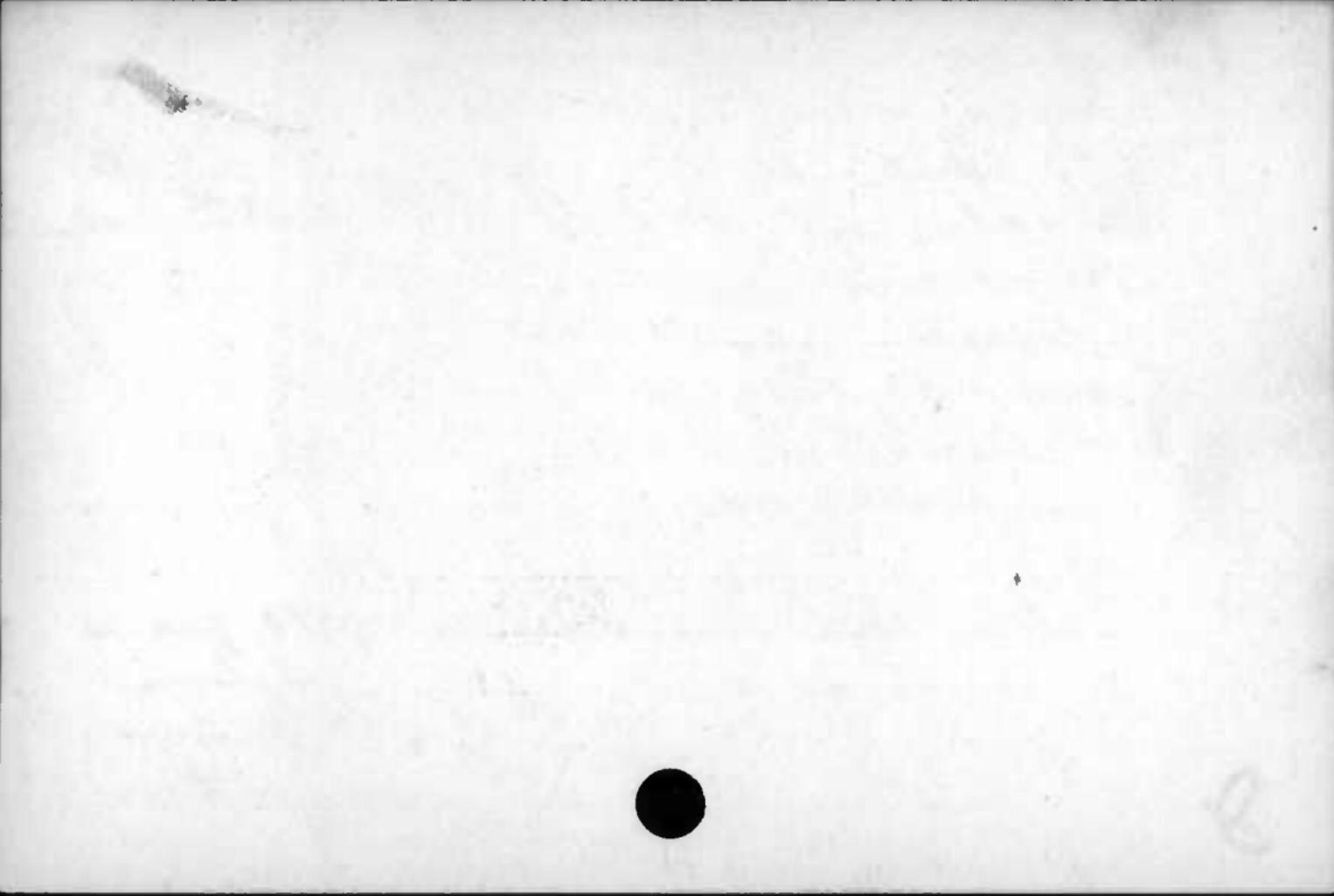
Yes

Signature of Physician

Address

H. B. Lester, Esq.
Jefferson Frederick,
Md

Accident or Suicide?



Name
in
Full

James Fennan McH. Evans

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month May	Day 2	Years 10	Months 9	Days 4	
Sex	Male	Color or Race	Colored				
Occupation	Child	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Henson Evans		Father's Birthplace			med	
Mother's Maiden Name	Sarah E. Conklin		Mother's Birthplace			med	
Name of person giving information	Henson Evans		How related to deceased			Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

27

How long

6 mos

Immediate

Exhaustion

How long

Exhausted

Are the name, age, sex, color, date and place correctly given above?

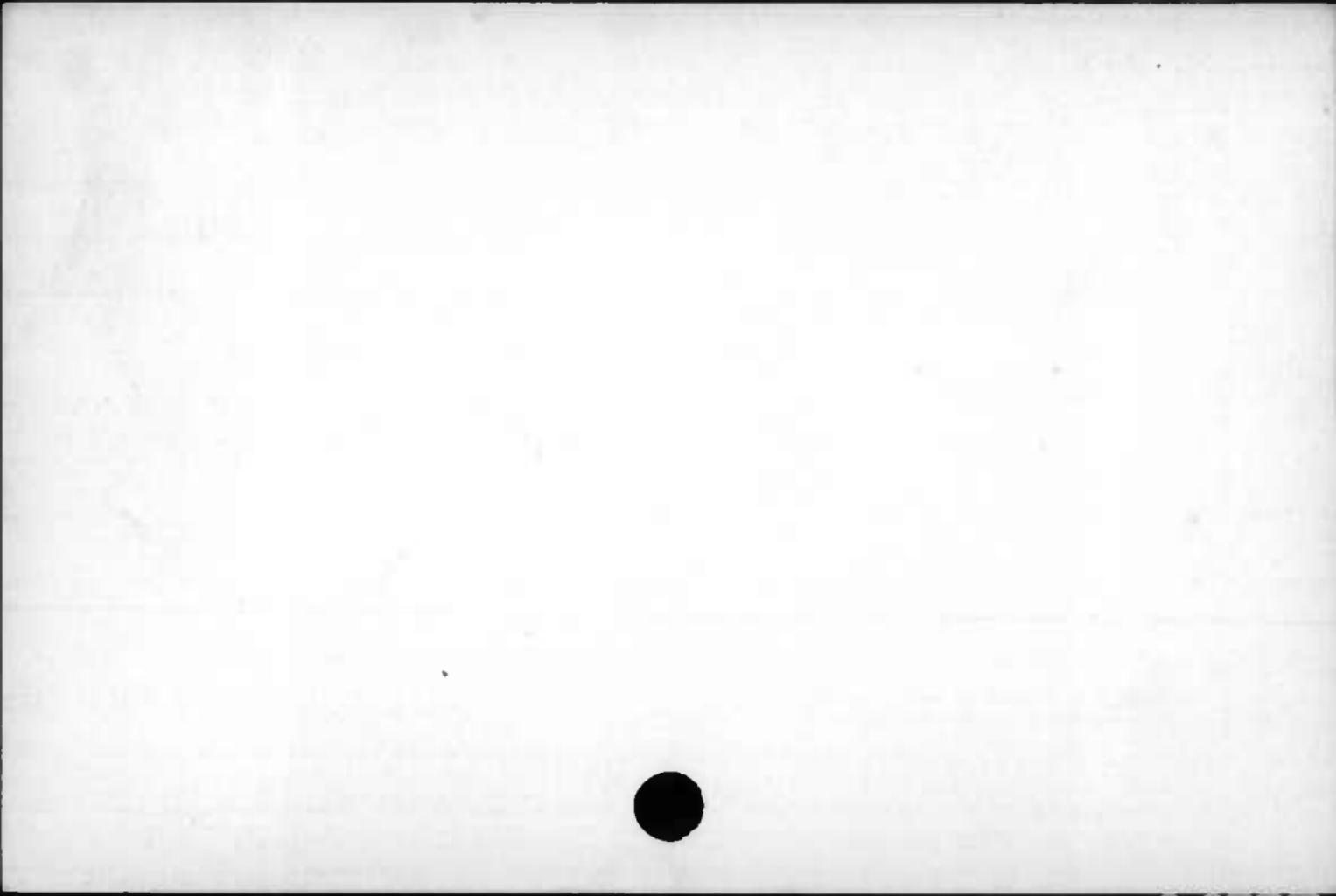
yes

Signature of Physician

Address

George Miller
Burkittsville, Md

Accident or Suicide?



Simon Evans

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1907	May	7	Age 88			
Sex	Male	Color or Race	Black	Birth-place	Frederick Co	
Occupation	Laborer		Where Residing if not at place of death	Marion Evans		
Married, Single or Widowed	Married		Mary Evans	Marion Evans		
Father's Name	Anderson		Father's Birthplace	Anderson		
Mother's Maiden Name	Anderson		Mother's Birthplace	Anderson		
Name of person giving Information	Hospital Record		How related to deceased	Anderson		

CAUSES OF DEATH

179

How long

Primary

Senile Dementia

How long

Immediate

Exacerbation

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Mrs. Lyman
Frederick Co
Md.

Accident or Suicide?



Name
In
Full

Charles Evans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birthplace	Unknown	
Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace		
Father's Name		Unknown		Unknown		
Mother's Maiden Name		Unknown		Mother's Birthplace		
Name of person giving Information		Reophilic records		How related to deceased		

CAUSES OF DEATH

179

How long

PHYSICIAN
OR CORONER

Primary

Senile debility

How long

Immediate

Gastritis

R. S. Tyson.
Frederick,
Md.

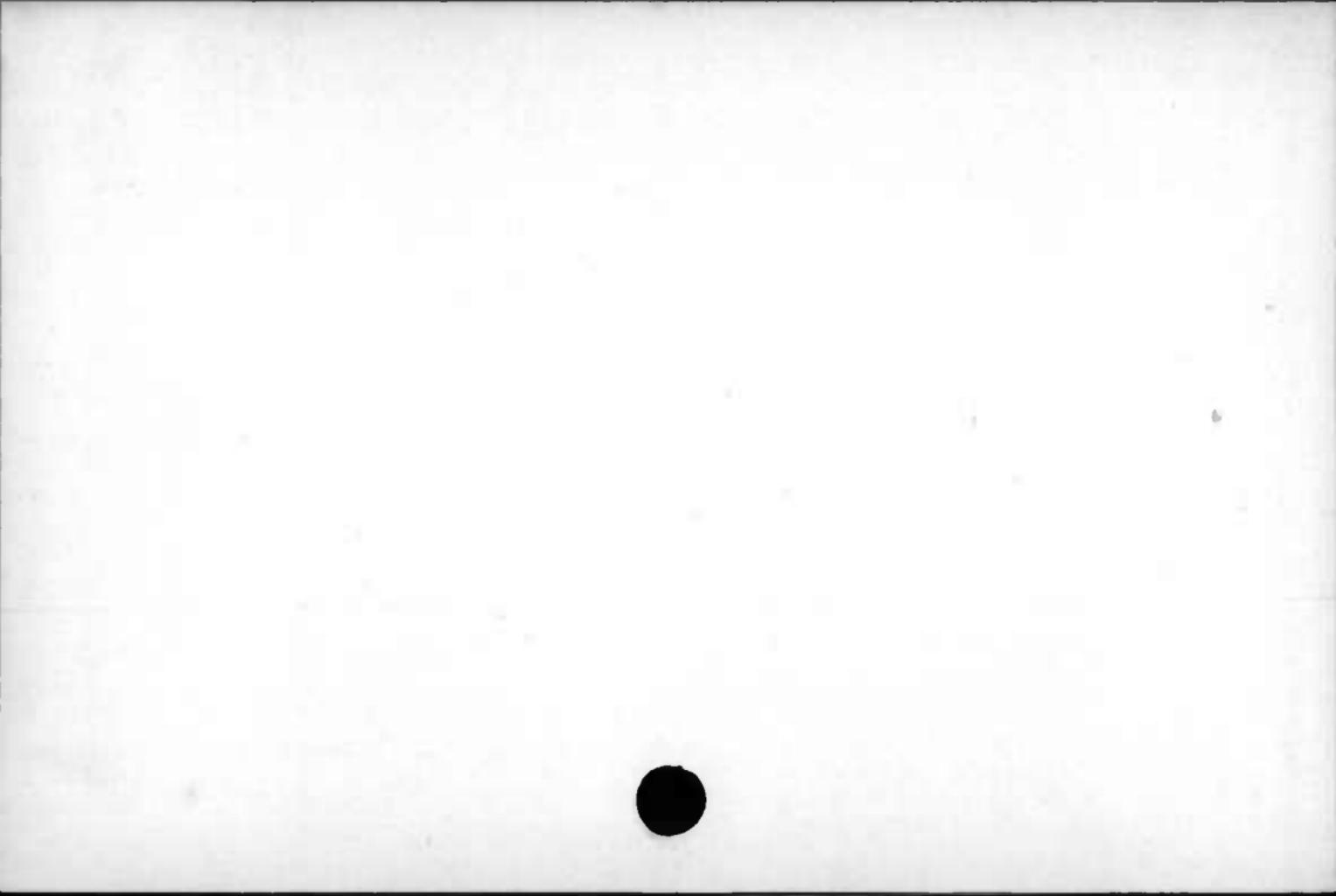
Signature of Physician

Address

Are the name, age, sex, color, date and place correctly given above?

yes

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Sarah E. Fritz

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1907	Month May	Day 3	Years 49	Months 7	Days 1
Sex	Female	Color or Race	W	Birthplace	Md	
Occupation	Housewife		Where Residing if not at place of death	Oak Orchard		
Married, Single or Widowed	M	Name of Wife or Husband	Wesley Fritz	Father's Birthplace	Md	
Father's Name	Daniel Lambert			Mother's Birthplace	Md	
Mother's Maiden Name	Elizabeth Goff			How related to deceased	no	
Name of person giving information	B. T. Brooks					

CAUSES OF DEATH

Primary

Hopley

64

How long

2 hours.

Immediate

Yes.

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

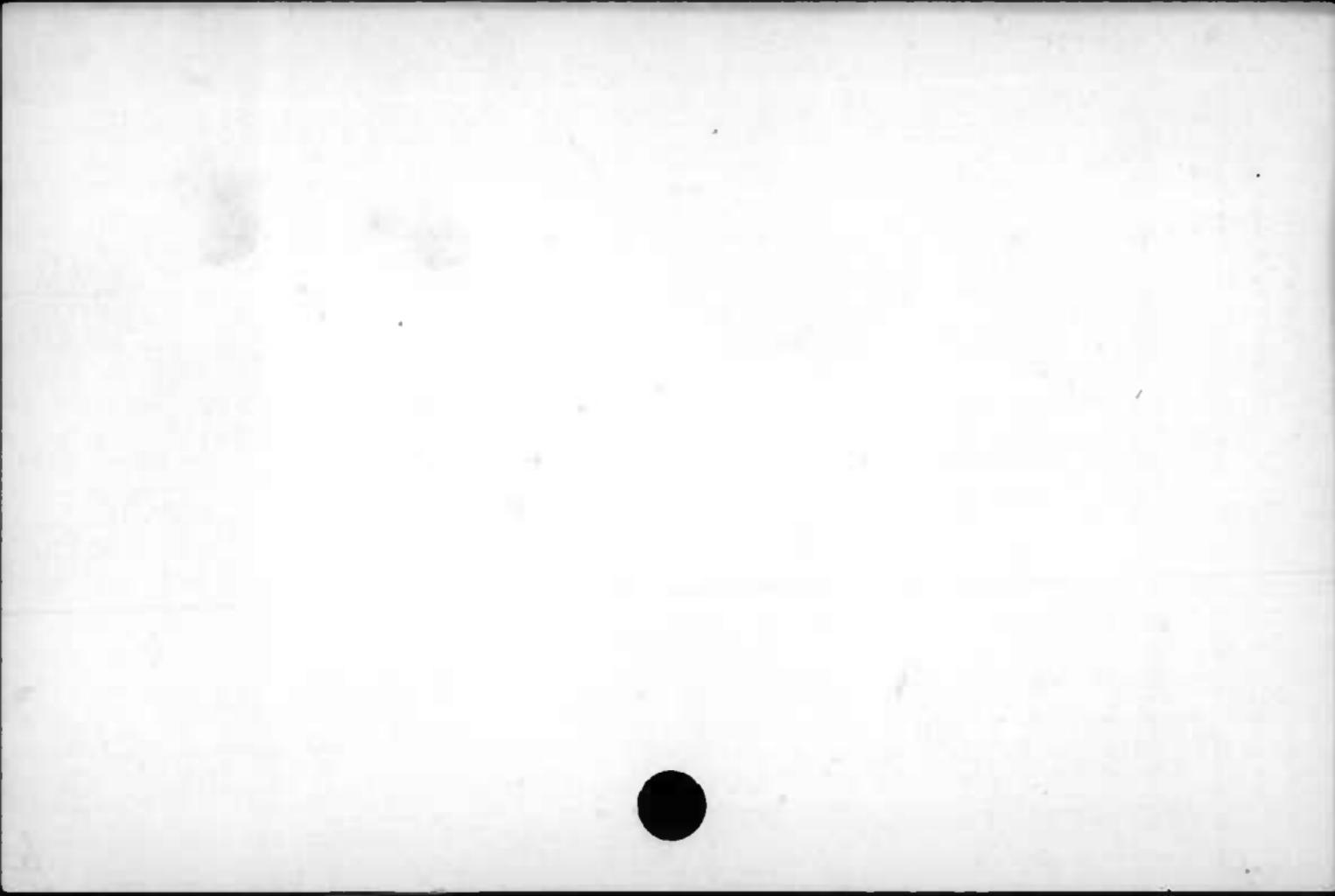
F. G. Brooks

Address

Marion Ind.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James T. Trye

CERTIFICATE OF DEATH

Died at	Town		County		MARYLAND			
Date of death 1907	Month May	Day 4	Years 6	Months 5	Days			
Sex Male	Color or Race		Negro		Birth-place Md			
Occupation	Where Residing if not at place of death Same							
Married, Single or Widowed Single	Name of Wife or Husband							
Father's Name James Trye			Father's Birthplace Md					
Mother's Maiden Name Estelle Johnson			Mother's Birthplace Md					
Name of person giving information Estelle J. Trye	How related to deceased Mother							

CAUSES OF DEATH

Primary	Bronchitis	⑨1	How long
Immediate			How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

T. Clyde Routsong
Buckeytown

Accident or Suicide?

No



Name
in
Full

Marian Ruth Fuss

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <u>near Emmitsburg</u>		Town <u>Frederick</u>		County <u>MARYLAND</u>	
Date of death <u>1907</u>	Month <u>May</u>	Day <u>19</u>	Age <u>—</u>	Years <u>—</u>	Months <u>11</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>near Emmitsburg Md</u>			
Occupation <u>None</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Edward M. Fuss</u>	Father's Birthplace <u>Frederick Co. Md</u>				
Mother's Maiden Name <u>Mary C. Baumgardner</u>	Mother's Birthplace <u>Carroll Co. Md</u>				
Name of person giving Information <u>Edward M. Fuss</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Measles</u>	(6)	How long	<u>3 days</u>
Immediate	<u>Bronchopneumonia</u>		How long	<u>12 hours</u>

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

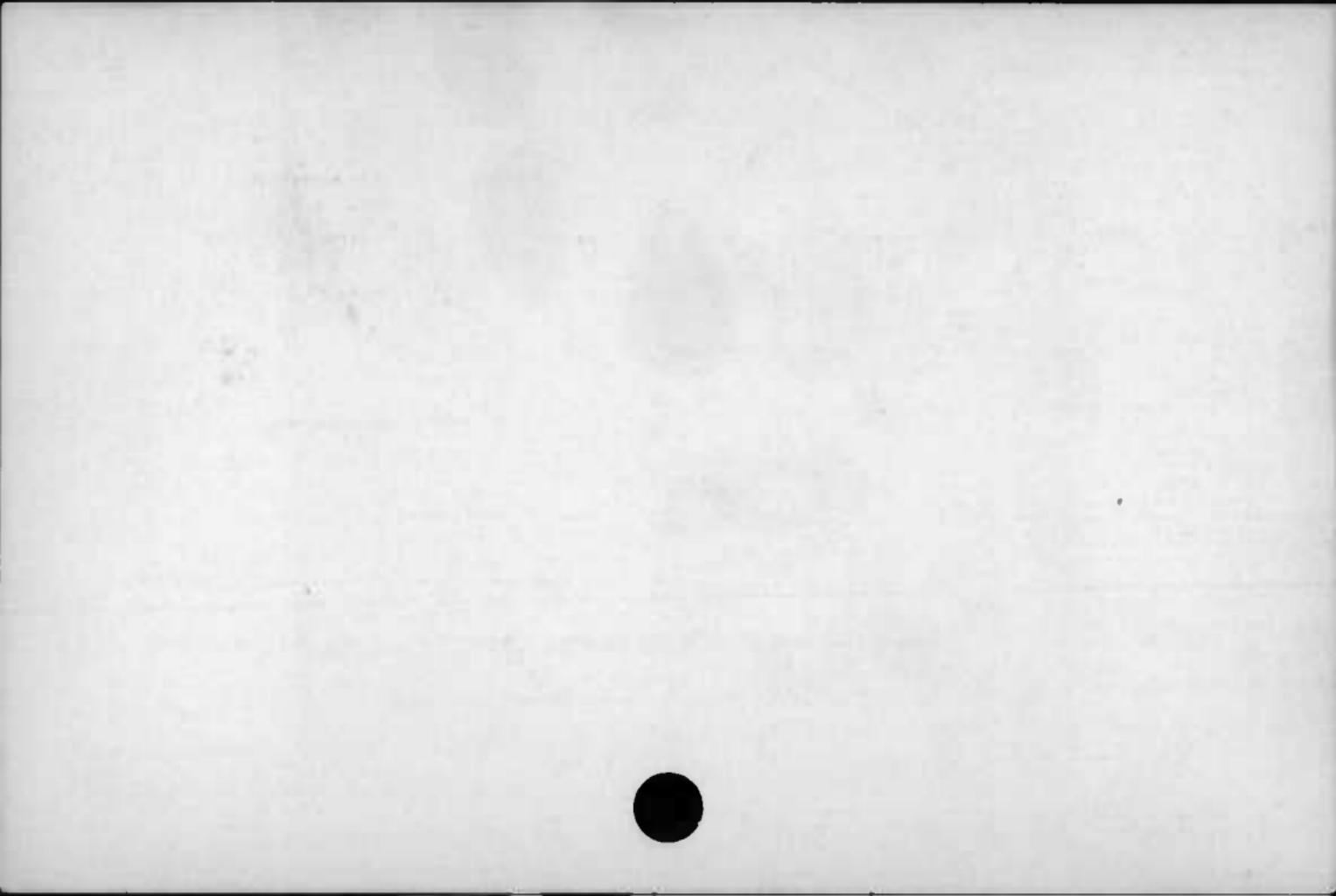
Address

Wickelburgers

Emmitsburg

Maryland

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

<i>Bertha Gardner</i>					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death		Month	Day	Years	Months	Days	
1907		5	30	Age 46	—	—	
Sex		Female	Color or Race	Colored	Birth-place	<i>Montgomery</i>	
Occupation		<i>Inmate</i> Where Residing if not at place of death					
Married, Single or Widowed		Married	Name of Wife or Husband	<i>unknown</i>			
Father's Name		<i>unknown</i>					
Mother's Maiden Name		<i>unknown</i>					
Name of person giving information		<i>Hospital Record</i>					

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary

Hanging

How long

Immediate

in a case of suicide

How long

Are the name, age, sex, color, date and place correctly given above?

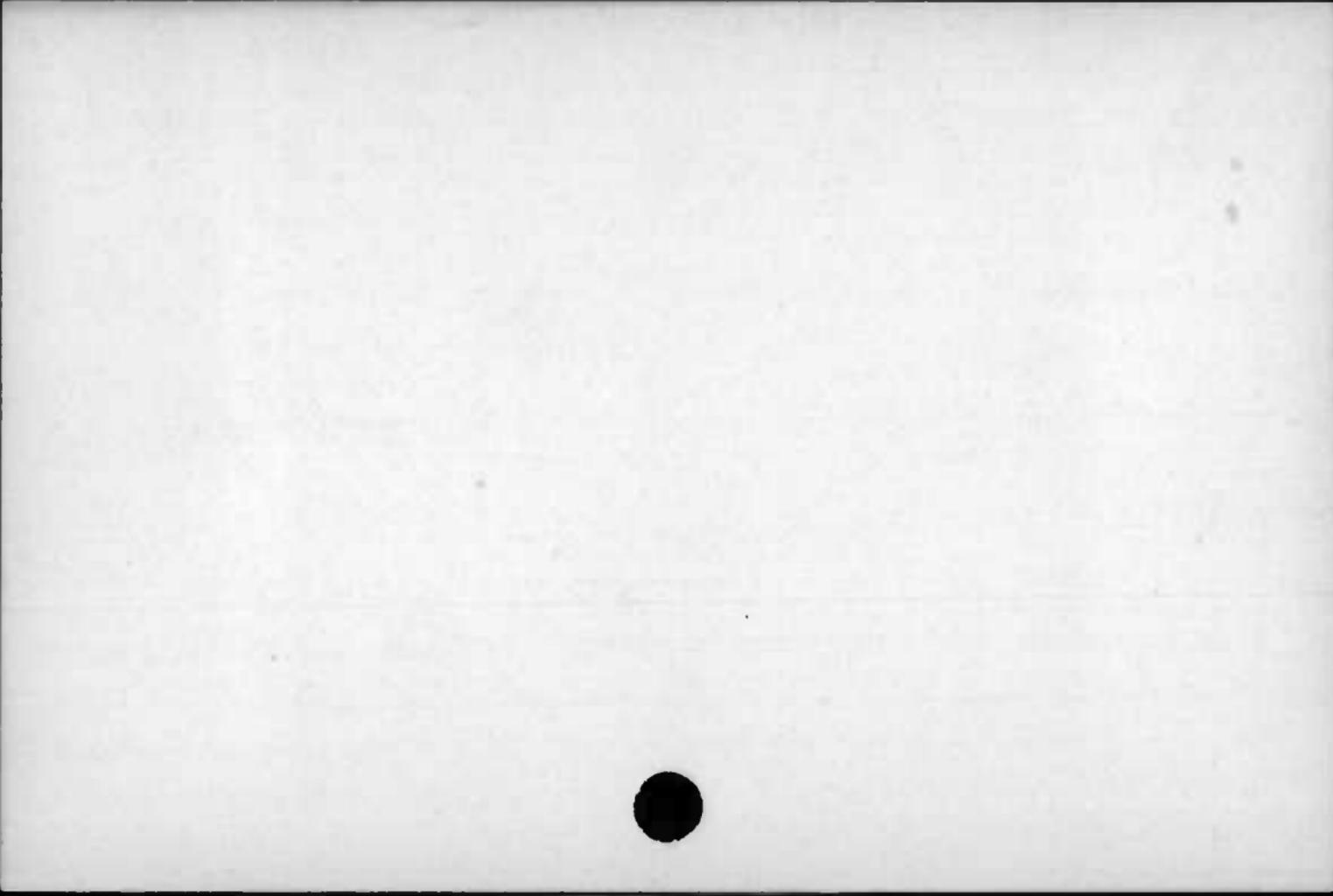
Signature of Physician

Address

H. S. Lyons
Fredricks
Md.

Accident or Suicide?

Suicide



CERTIFICATE OF DEATH

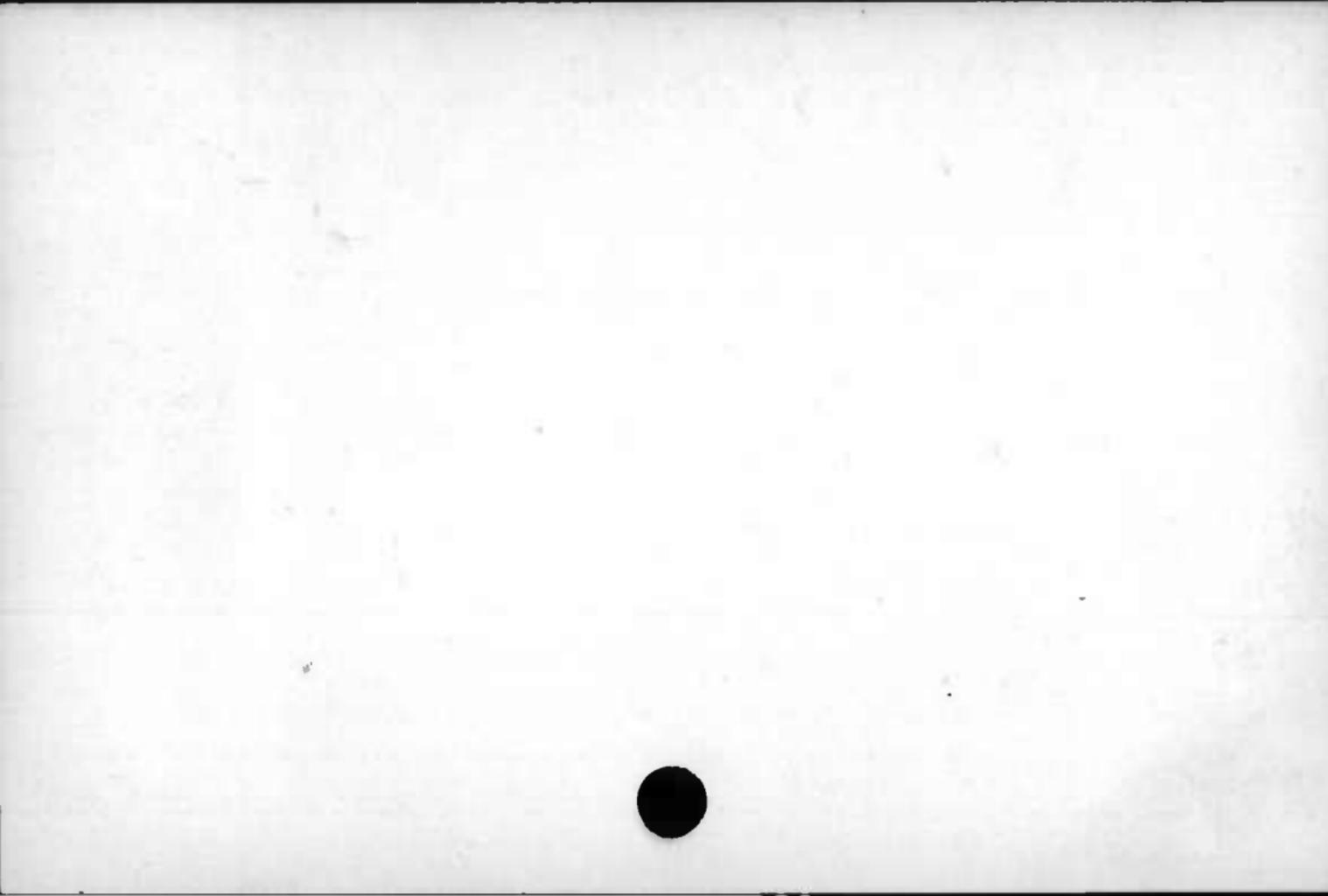
Died at		Town	County		MARYLAND		
Date of death	1907	Month 5	Day 13	Years 43	Months —	Days —	
Sex	Male	Color or Race	White		Birth-place	Frederick Co.,	
Occupation	Turner		Where Residing if not at place of death		Annis Br. Westhins		
Married, Single or Widowed	Married	Name of Wife or Husband	Frederick Co.,		Father's Birthplace	Frederick Co.,	
Father's Name	Joshua Wood		Frederick Co.,		Mother's Birthplace	Frederick Co.,	
Mother's Maiden Name	Hannah Brashers		Frederick Co.,		How related to deceased	Brother-in-Law	
Name of person giving Information	Mannona C. Tyson		Frederick Co.,				

CAUSES OF DEATH

79

How long

Primary	Cardiopneumonia regurgitans	
Immediate	Cardiac Paralysis of all organs	
Are the name, age, sex, color, date and place correctly given above?	Yes	
Signature of Physician	R. S. Tyson,	
Address	Frederick, Md.	
Accident or Suicide?		



Name
in
Full

Samuel J. R. House

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		County		MARYLAND		
Baltimore		Frederick				
Date of death	1907	Month	May	Age	Years	Months
			31		48	9
Sex	Male	Color or Race	White	Birth-place	Oxon Hill	
Occupation	Where Residing if not at place of death					Burkittsville, Md
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	Eli J. House		Father's Birthplace			5
Mother's Maiden Name	Mary Purdon		Mother's Birthplace			5
Name of person giving information	C. H. Jenkins		How related to deceased			Unrelated

CAUSES OF DEATH

172

How long

How long

PHYSICIAN
OR CORONER

Primary

Starvation

Immediate

Probably fell into canal

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

X in chest

Baltimore, Frederick

Accident or Suicide?



Name
in
Full

Infant (no name) Huffer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frostown</u>		Town <u>Fred</u>		County <u>MARYLAND</u>		
Date of death <u>1907</u>	Month <u>May</u>	Day <u>2</u>	Age <u>Years</u>	Months <u>12</u>	Days <u>0</u>	
Sex <u>Girl</u>	Color or Race <u>White</u>	Birth-place <u>Fred Co</u>				
Occupation		Where Residing if not at place of death				
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband				
Father's Name	<u>Howard Huffer</u>					Father's Birthplace <u>Fred Co.</u>
Mother's Maiden Name	<u>Mary E. Moser</u>					Mother's Birthplace <u>Fred Co</u>
Name of person giving Information	<u>Howard Huffer</u>					How related to deceased <u>Father</u>

CAUSES OF DEATH

(151)

PHYSICIAN
OR CORONER

Primary

Promature birth

How long

Immediate

Inanition

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

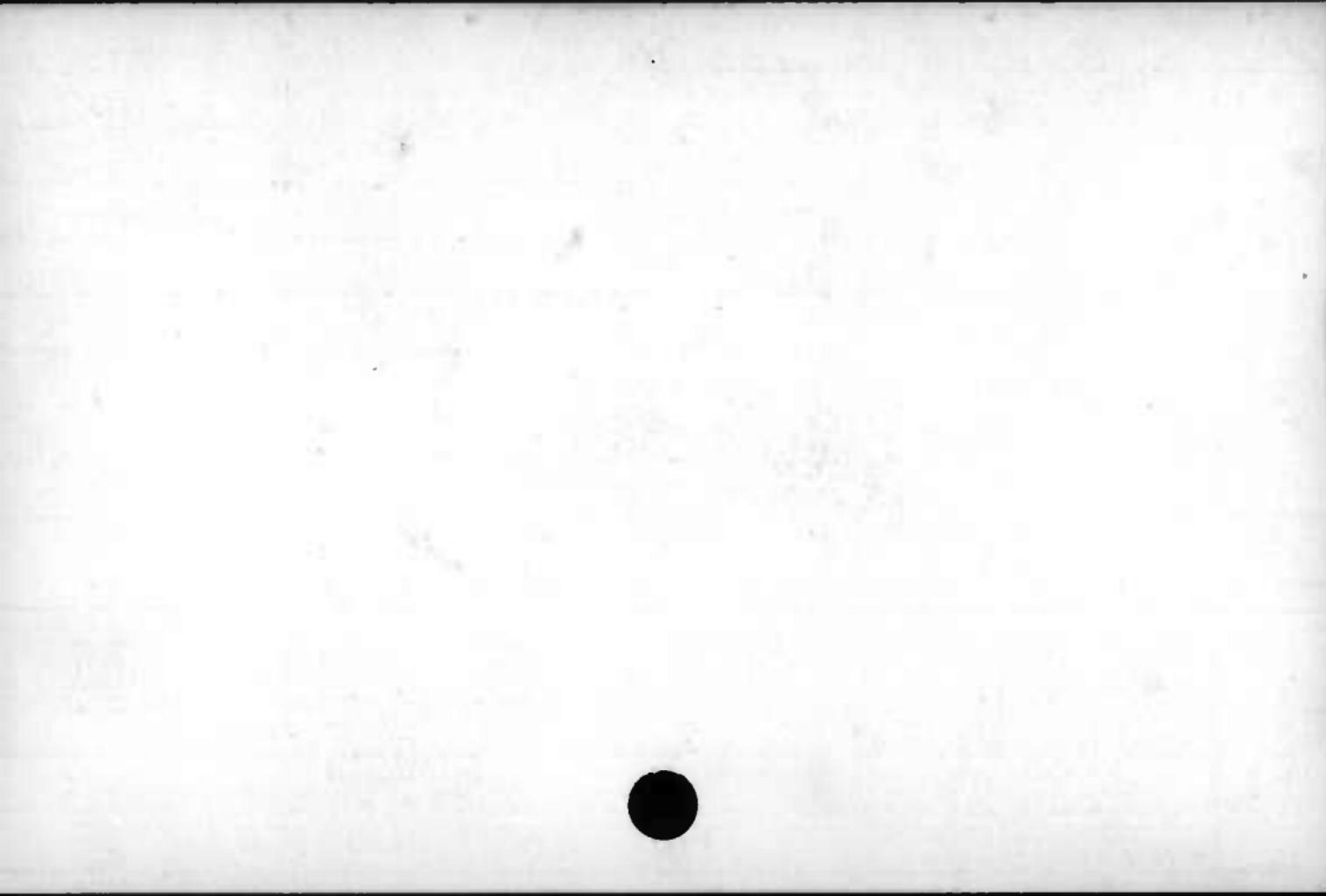
Signature of Physician

S. S. Davis

Address

Boonsboro
Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Hooperland</u>		Town <u>Town</u> County <u>Frederick</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>5</u>	Day <u>28</u>	Age <u>69</u>	Years <u>69</u>	Months <u>2</u>	Days <u>28</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birthplace <u>Spa</u>		Spouse		
Occupation <u>House Wife</u>	Where Residing is not at place of death			Abraham Jackson		
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Abraham Jackson</u>	Father's Birthplace <u>Med</u>		Jeremiah Snowden		
Father's Name <u>Jeremiah Snowden</u>	Mother's Birthplace <u>"</u>			Asia Snowden		
Mother's Maiden Name <u>Asia Snowden</u>	How related to deceased <u>Son</u>			J. Daniel Carroll		
Name of person giving information <u>J. Daniel Carroll</u>						
CAUSES OF DEATH						
Primary	<u>Cardiac Valvular Lesion</u>			<u>79</u>		
Immediate	<u> </u>			<u>How long</u> <u>Several years</u>		

Are the name, age, sex, color, date and place correctly given above?

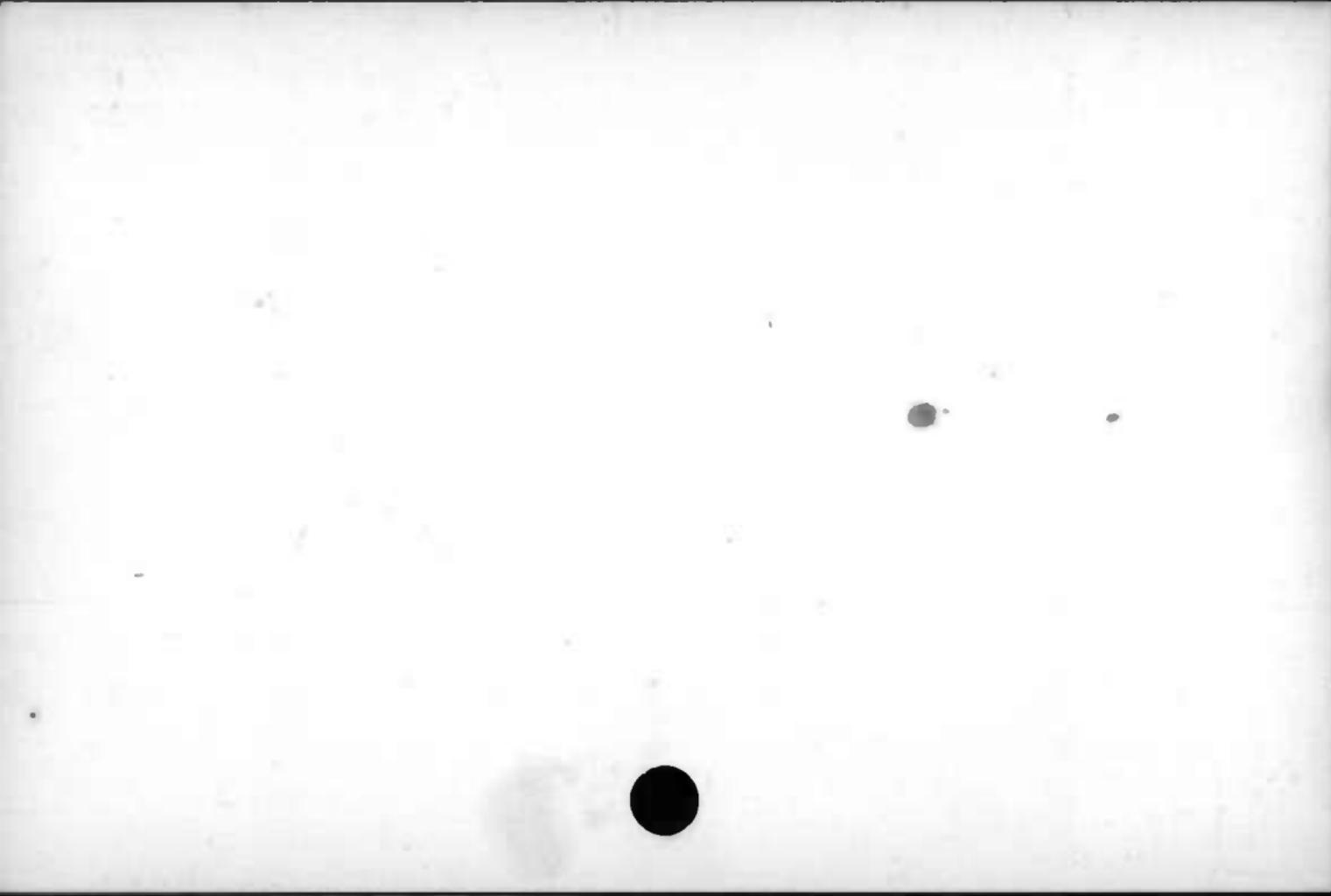
Yes

Signature of Physician

Address

D. W. G. Bourne
Frederick, Md.

Accident or Suicide?



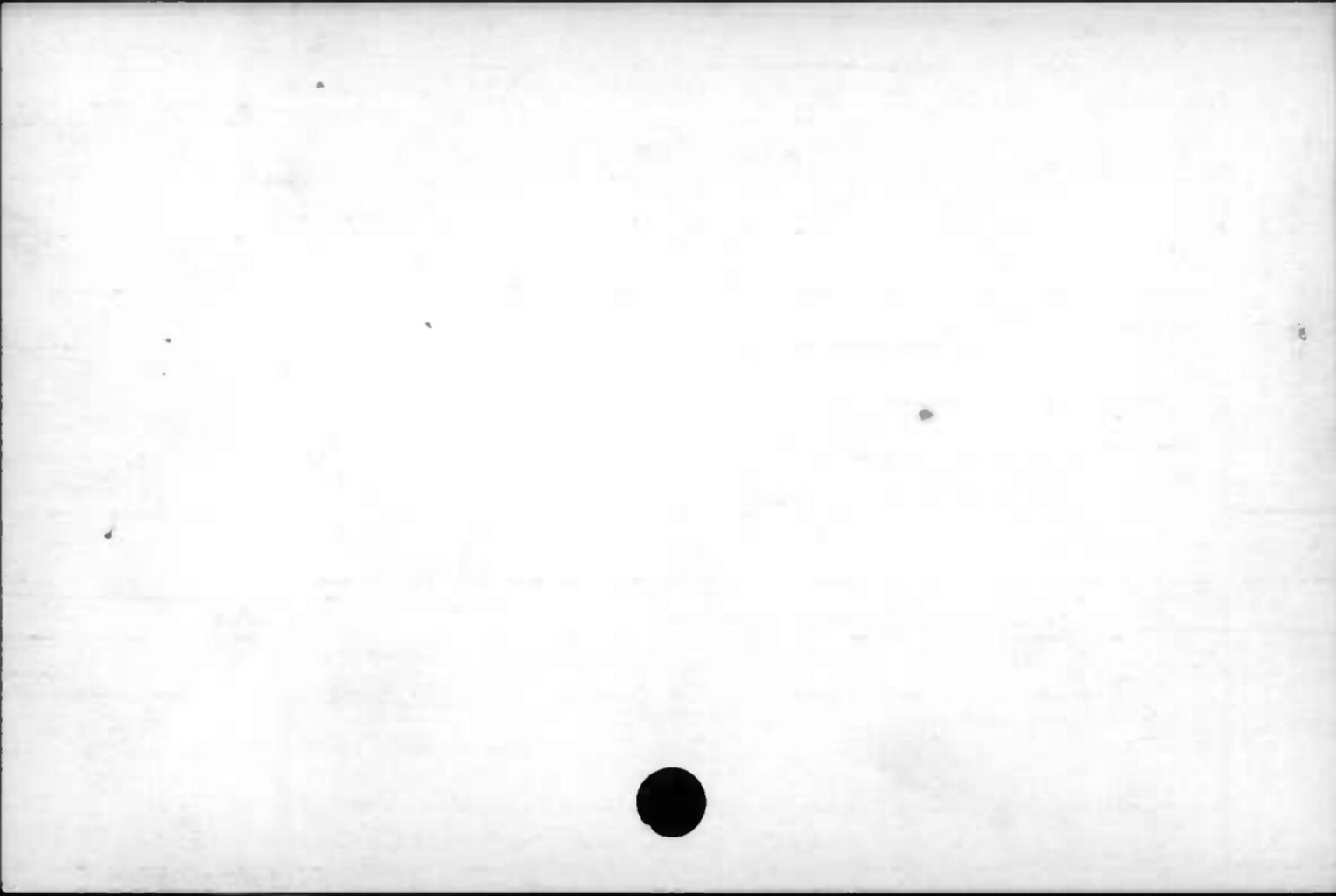
Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Emma Jackson						CERTIFICATE OF DEATH	
Died at <u>Knoxville</u>			County <u>Frederick</u>			MARYLAND	
Date of death <u>1907</u>	Month <u>May</u>	Day <u>8</u>	Years <u>23</u>	Age <u>23</u>	Months <u>2</u>	Days <u>—</u>	
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Va</u>					
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Knoxville</u>						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Edward Jackson</u>	Father's Birthplace <u>Va</u>					
Father's Name <u>—</u>	Mother's Maiden Name <u>(Do not know)</u>	Mother's Birthplace <u>"</u>					
Name of person giving information <u>Edward Jackson</u>	How related to deceased <u>Husband</u>						
CAUSES OF DEATH							
Primary	<u>Do not know</u>						
Immediate	<u>Exhaustion - coma?</u>						
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		How long			
<u>Yes</u>		<u>Cyril C. Clegg</u>		<u>179</u>			
I was not called in this case until after it was dying		Address		<u>Baltimore, Md.</u>			
Accident or Suicide?		Cause of death		<u>Exhaustion & the cause of death - coma</u>			

PHYSICIAN
OR CORONER

[Signature]



Name
in
Full

William James

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

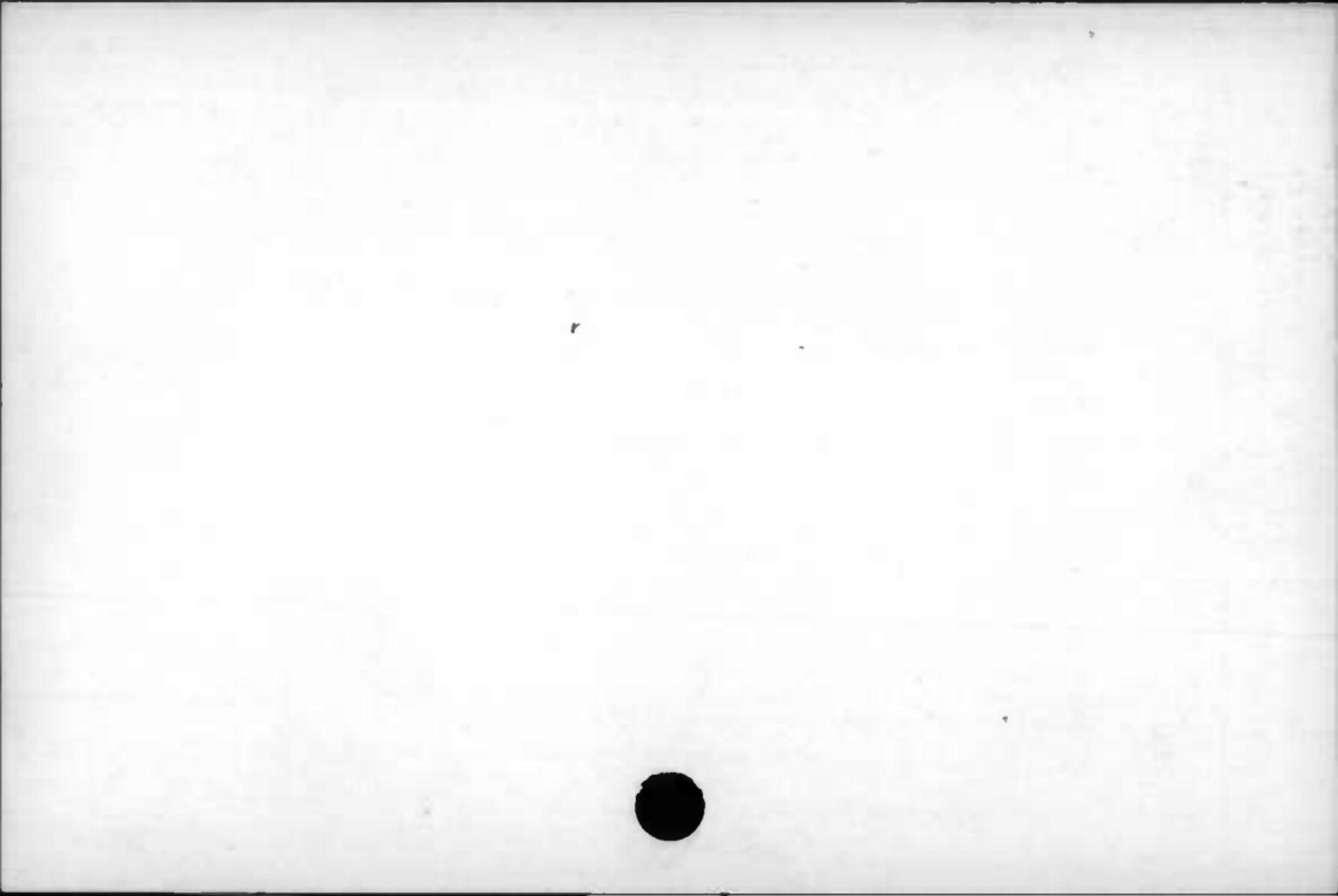
PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	1907	Month May	Day 29	Years 11	Months	Days
Sex	Male	Color or Race	Birth-place Md			
Occupation	None	Where Residing if not at place of death				
Married or Single	Single	Name of Wife or Husband	None			
Father's Name	William James			Father's Birthplace	Md	
Mother's Maiden Name	Mary Maritt			Mother's Birthplace	Md	
Name of person giving information	Harriet Maritt			How related to deceased	Mother Grand	

CAUSES OF DEATH

27

Primary	Phthisis Pulmon		How long	unknown
Immediate	Exhaustion		How long	"
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	William Johnson	
		Address	Frederick Md	
Accident or Suicide?	No			



Name
in
Full

Ann E. Keller

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Watkins</u> Town		County <u>Fordham</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>May</u>	Day <u>11</u>	Age <u>70</u>	Years <u>70</u>	Months <u>1</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birthplace <u>Ind</u>			
Occupation <u>Housewife</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Joseph Keller</u>	Father's Birthplace <u>Ind</u>			
Father's Name <u>Mr. W. H. Mathews</u>					Mother's Birthplace <u>Ind</u>
Mother's Maiden Name <u>Henetta Pardon</u>					How related to deceased <u>Son</u>
Name of person giving information <u>McKeller</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis

(21)

How long

5 yrs

Immediate

Asthma

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

W. E. Garrow

Address

Watkins Ind

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Anna Elizabeth King

Town

Died at Frederick

County

Frederick

MARYLAND

Date of death 1907 Month May Day 7 Years — Months 7 Days 19

Sex Female Color or Race White Birthplace Frederick

Occupation X Where Residing if not at place of death X

Married, Single or Widowed X Name of Wife or Husband X

Father's Name Wm H. King Father's Birthplace Frederick Co

Mother's Maiden Name King Castle Mother's Birthplace Frederick Co

Name of person giving information Wm H. King How related to deceased Father

CAUSES OF DEATH

92

Primary Bronchial Pneumonia

How long

2 weeks.

Immediate Exhaustion

How long

2 days.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

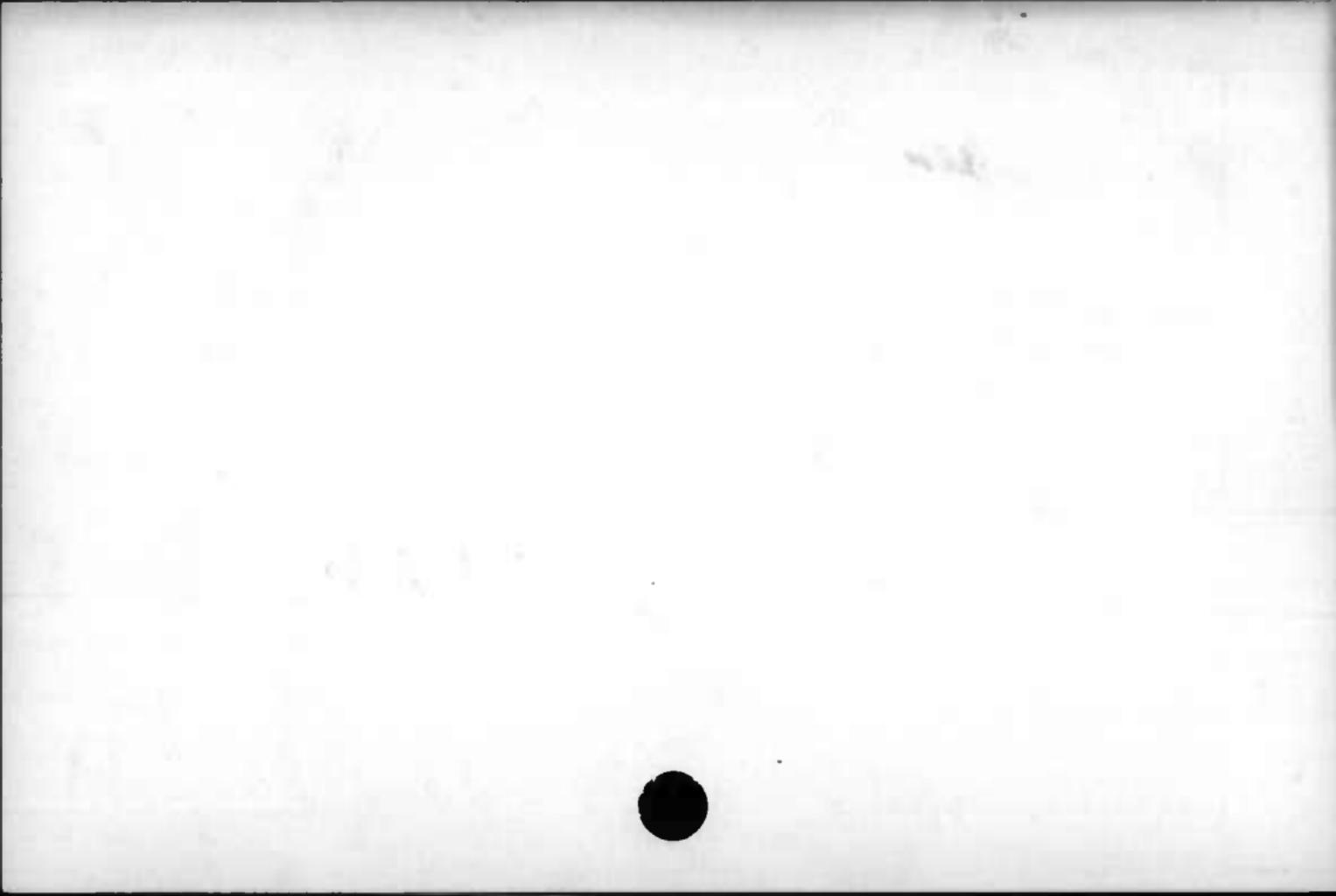
Franklin Buchanan Smith

Address

Frederick, Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Henry Roogle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
	Frederick		Frederick				
Date of death	Month	Day	Years	Age	Months	Days	
1907	May	11	20		11	0	
Sex	Male	Color or Race	White		Birth-place	Md	
Occupation	Supt Boys at School			Where Residing if not at place of death			
Married, Single or Widowed	Single						
	Name of Wife or Husband						
Father's Name	Charles W. Eley			Father's Birthplace	New Baltimore		
Mother's Maiden Name	Aureola B. Eley			Mother's Birthplace	Middleton		
Name of person giving information	Alice Kogell			How related to deceased	Sister		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Blow on head by pitched base-ball		
Immediate	Cerebral hemorrhage		
Are the name, age, sex, color, date and place correctly given above?	YES	Signature of Physician	Wm Crawford Johnson
		Address	Frederick
Accident or Suicide?	Md		



TO BE ANSWERED BY
NEAREST FRIEND

Thomas Lamar -

Montgomery Frederick

MARYLAND

Died at	Town		County				
Date of death	Month	Day	Years	Months	Days		
Sex	male	Color or Race	colored	Birth-place	unknown		
Occupation	Inmate		Where Residing if not at place of death				
Married, Single or Widowed	married	Name of Wife or Husband	unknown	Father's Name	unknown		
Father's Name	unknown			Mother's Name	unknown		
Mother's Maiden Name	unknown			How related to deceased	unknown		
Name of person giving Information				How long			

CAUSES OF DEATH

179

How long

How long

PHYSICIAN
OR CORONER

Primary

Senility

Immediate

Emanation

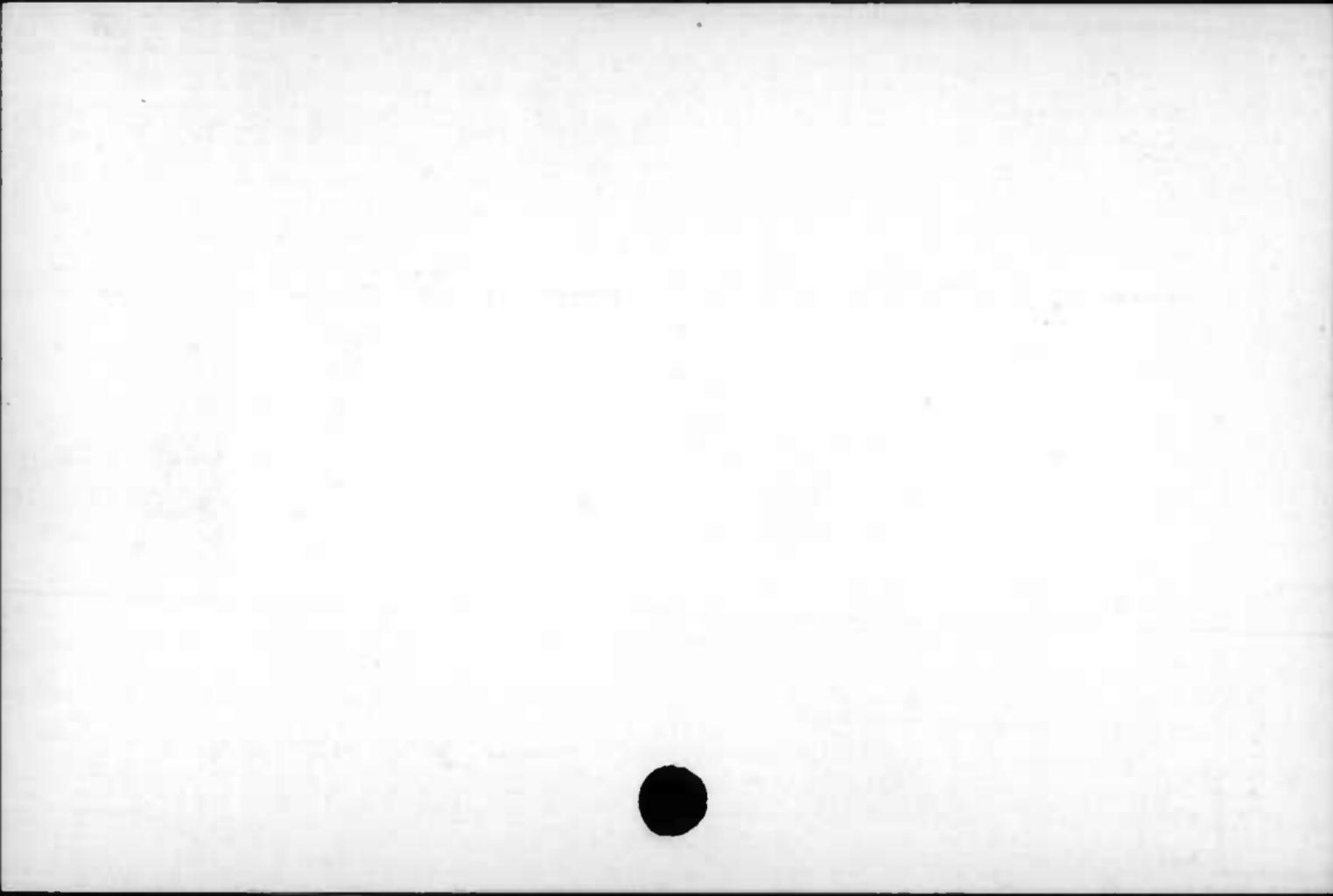
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

R.S. Fyson,
Frederick
Md.



Name
in
Full

Susan Rebecca Leatherman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1907	Month 5	Day 6	Years 67	Months 1	Days
Sex	Female		Color or Race	White	Birth-place	Ellerton
Occupation	Housewife		Where Residing if not at place of death Ellerton.			
Married, Single or Widowed	Name of Wife or Husband		Adam Leatherman			
Father's Name	Daniel Harsman		Father's Birthplace	Ellerton		
Mother's Maiden Name	Lydia Grossnickle		Mother's Birthplace	Ellerton		
Name of person giving information	Delia Carter		How related to deceased	Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Nephritis

64

How long

Several Years

Immediate

Apoplex

How long

1 Year

Are the name, age, sex, color, date and place correctly given above?

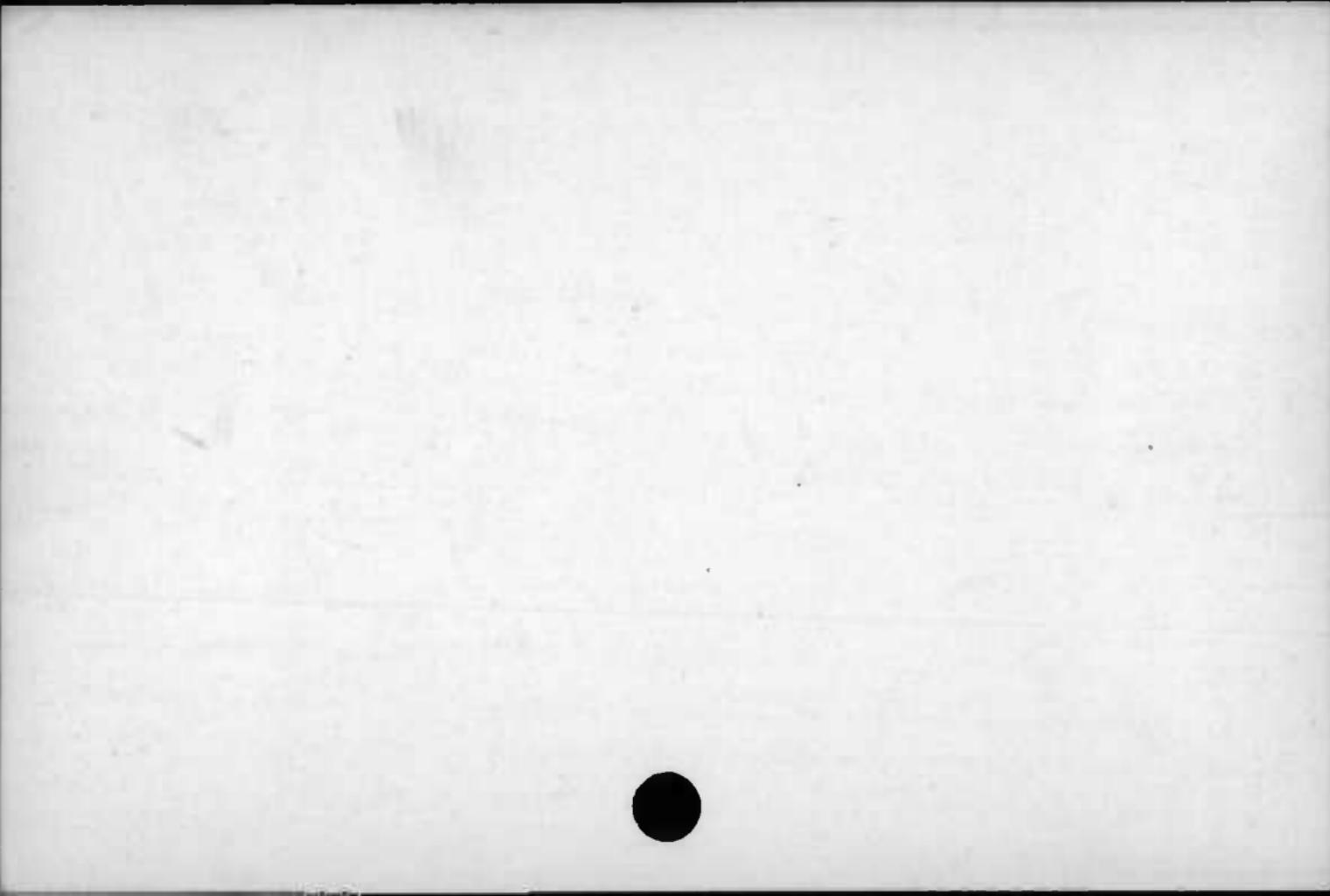
Yes

Signature of Physician

Address

Ralph Browning
Myersville, Md.

Accident or Suicide?



Name
in
Full

Carrie Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND	
Died at <i>New Bern</i>	<i>Fred.</i>				
Date of death <i>1907</i>	Month <i>May</i>	Day <i>16</i>	Years <i>22</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Fred. Co. Md</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Singl</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Charles Lewis</i>	Father's Birthplace <i>Fred. Co. Md</i>				
Mother's Maiden Name <i>Lee Lawson</i>	Mother's Birthplace <i>“ “ “</i>				
Name of person giving Information <i>John W. Lawson</i>	How related to deceased <i>Cousin</i>				

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary

How long

Immediate *Death by heart*

How long

Ten days

Are the name, age, sex, color, date and place correctly given above?

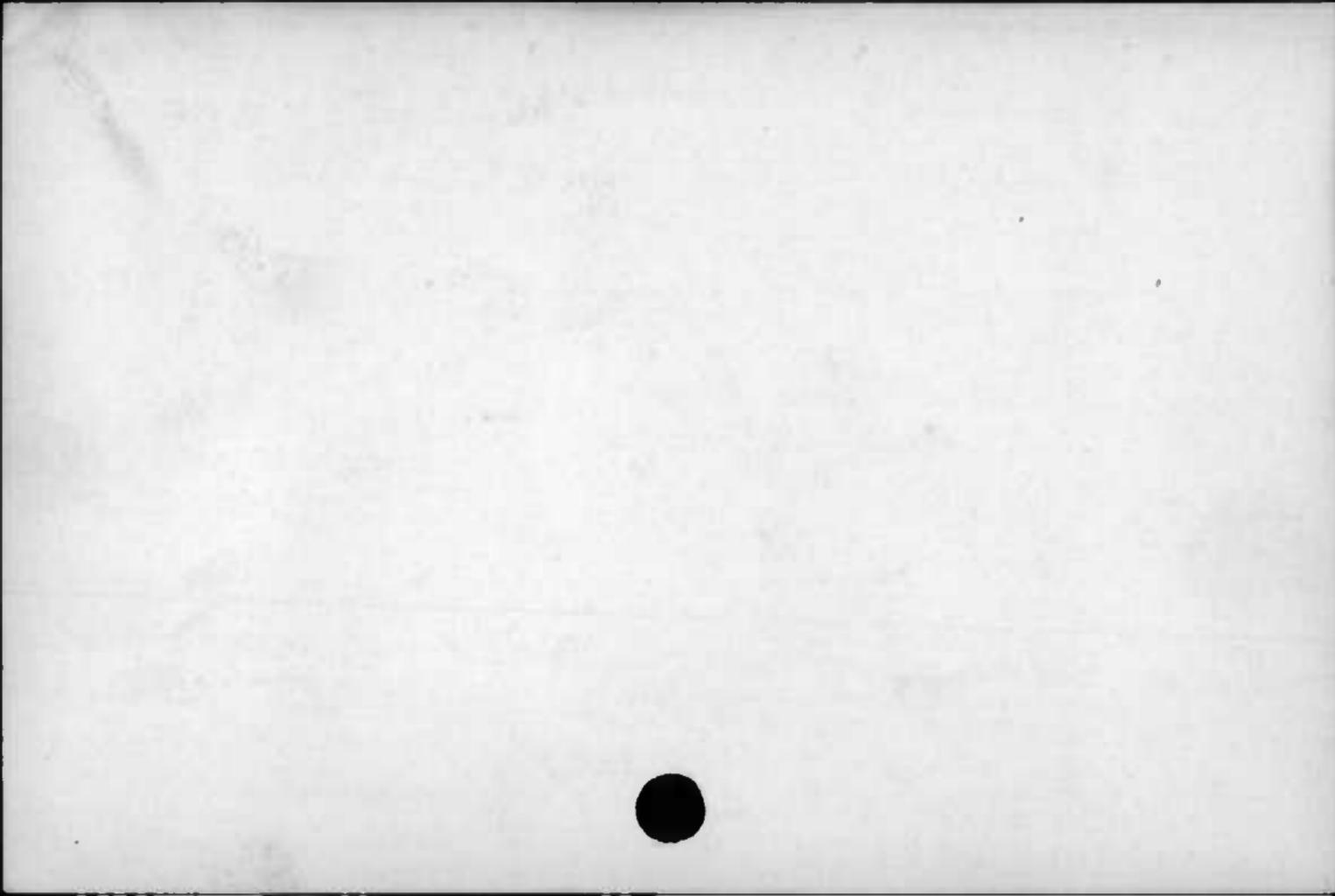
Signature of Physician

Address

D. G. Peet's

Blawenburg, Md.

Accident or Suicide?



Name
in
Full

Mary C. M^o Gaha

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month May	Day 6	Years 71	Months 11	Days 14
Sex	Female	Color or Race	white	Birth-place	Md.	
Occupation	Housework			Where Residing If not at place of death		
Married, Single or Widowed	Widowed	Name of Husband	Joseph M ^o Gaha			
Father's Name	George L. Gaha			Father's Birthplace	Md.	
Mother's Maiden Name	Rebecca Dwick			Mother's Birthplace	Md.	
Name of person giving information	Jane M ^o Gaha			How related to deceased	Son	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Pneumonia

Immediate

Exhaustion, Convulsions

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Lurin West

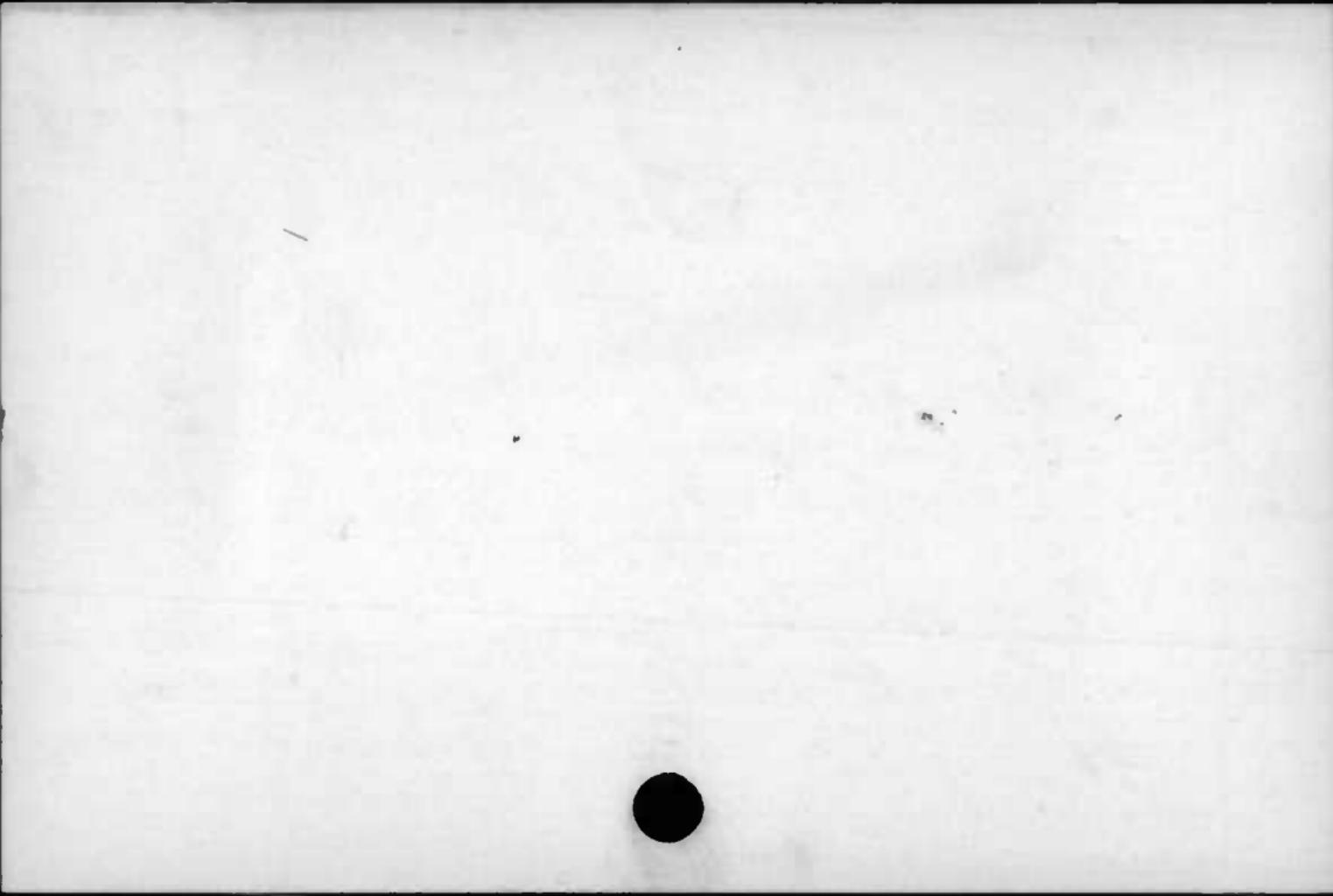
Address

Baltimore

Frederick Co

Drug concealed when left
Non-resident of Co

Accident or Suicide?



Name
in
Full

Alonzo Price Marsh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

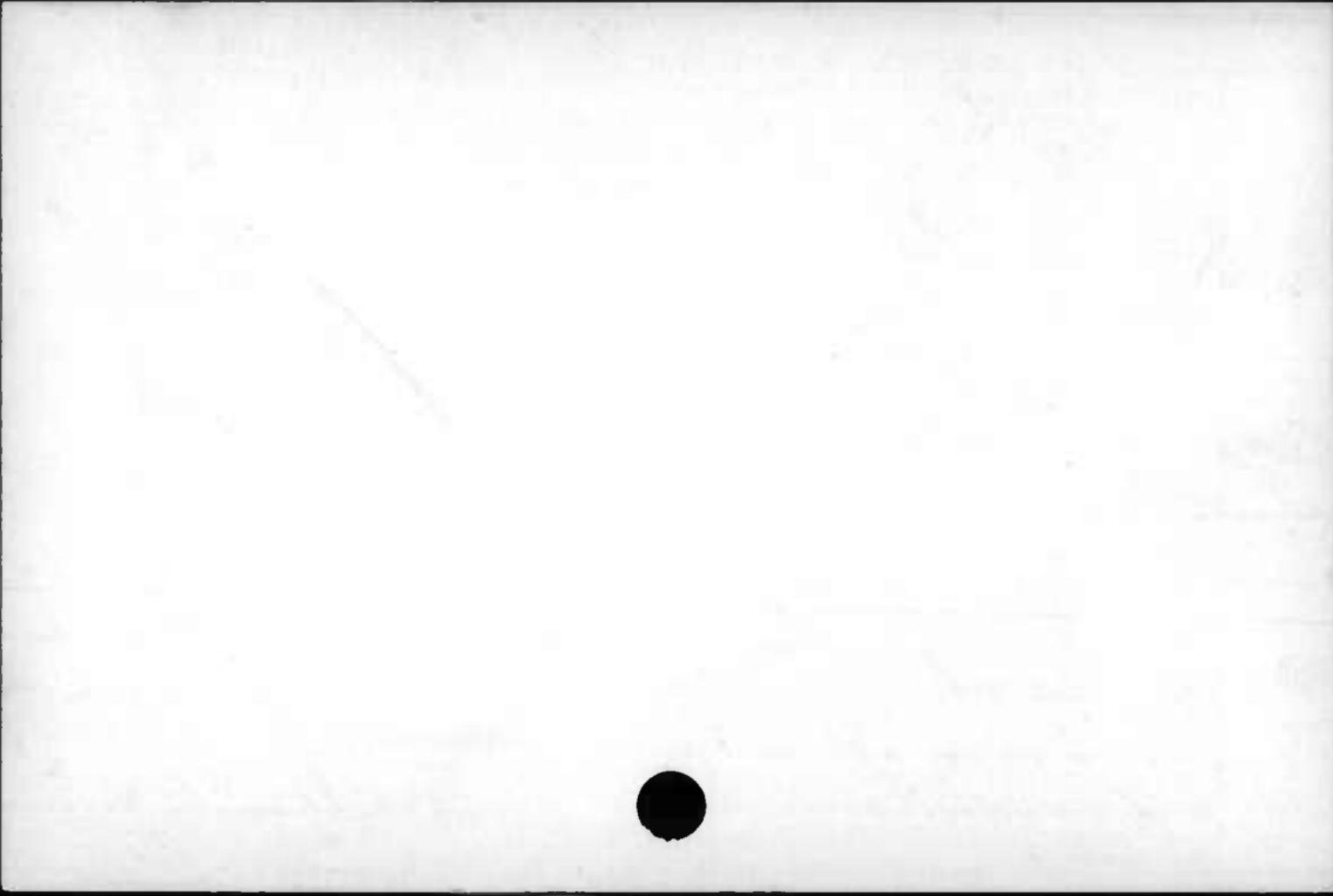
PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
1907		5	30	54	5	13
Sex	Male	Color or Race	wh	Birth-place	Md	
Occupation	Restaurant keeper			Where Residing if not at place of death	X	
Married, <input checked="" type="checkbox"/>	Name of Wife or Husband		Emma a. Mortlock			
Father's Name	John Marsh		✓		Father's Birthplace	Md
Mother's Maiden Name	Louisa J. Myrus		✓		Mother's Birthplace	Md
Name of person giving information	Emma Marsh		✓		How related to deceased	wife

CAUSES OF DEATH

119

Primary	Acute Bright's disease		How long	3 mos
Immediate	Exhaustion - Agravia		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Chas. J. Goodell - M.D.	
		Address	Frederick, Md	
Accident or Suicide?		No		



Name
in
Full

Emma L. Mercer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Birthplace	
Mother's Maiden Name	Mary Stone	Mary Mercer	Mother's Birthplace	
Name of person giving information	Mary Mercer	How related to deceased		
CAUSES OF DEATH				
Primary	Pneumonia		6 weeks	
Immediate	Bronchopneumonia		10 days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
Yes		Frank Hedges M.D.	Frederick	

PHYSICIAN
OR CORONER

Primary

Pneumonia

6

How long

weeks

Immediate

Bronchopneumonia

How long

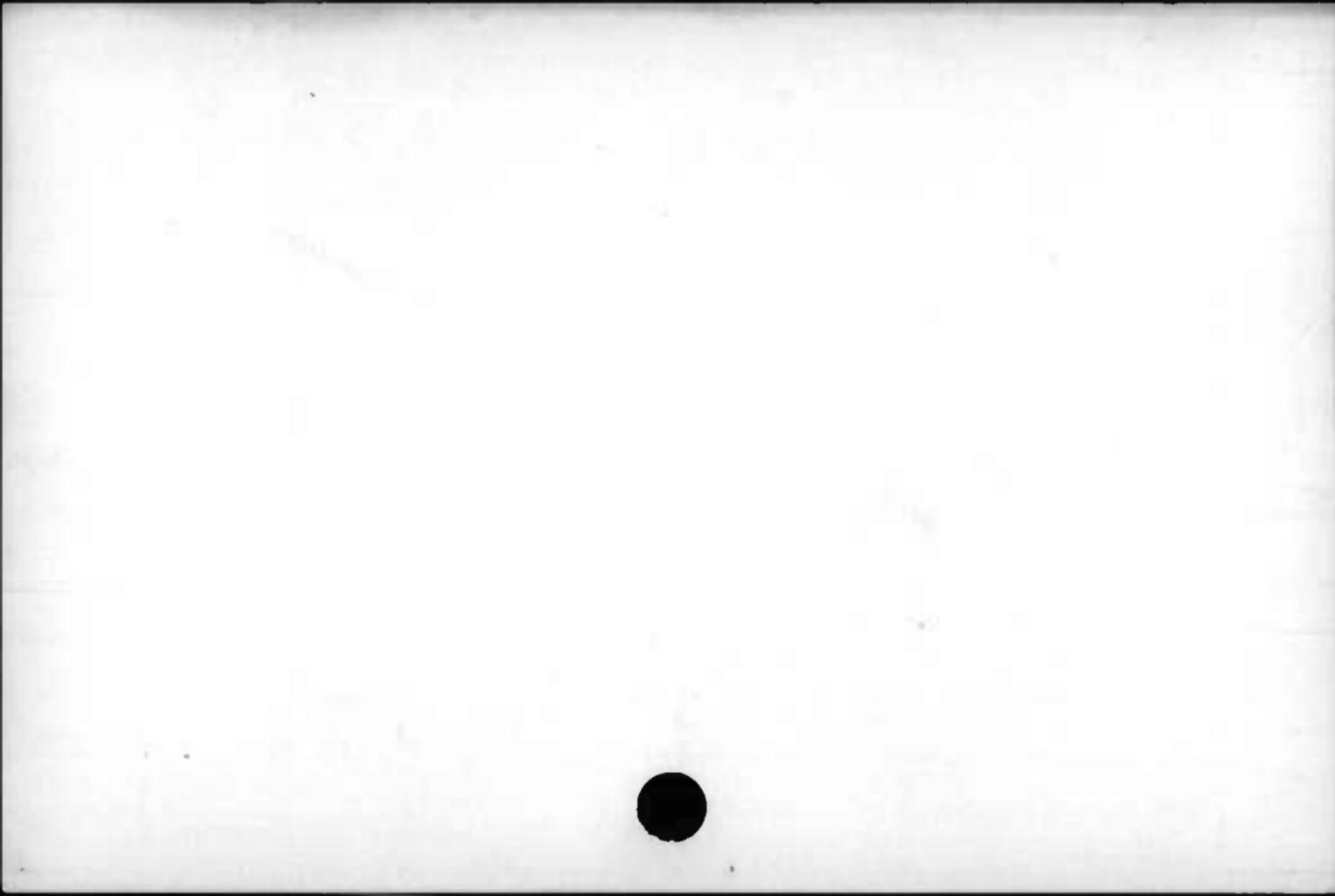
10 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Mercer Florence

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Braddock</u>		Town <u>Frederick</u>		County <u>Frederick</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>5</u>	Day <u>3</u>	Age <u>34</u>	Years <u>34</u>	Months <u>—</u>	Days <u>—</u>	
Sex <u>Female</u>	Color or Race <u>Caucasian</u>	Birth-place <u>Frederick Co</u>		Where Residing if not at place of death			
Occupation <u>House Domestic</u>							
Married, Single or Widowed <u>Married</u>	Name <u>Eugene Mercer</u>						
Father's Name <u>Wm A Brown</u>			Father's Name Birthplace <u>Bucks Co</u>				
Mother's Maiden Name <u>Eleanor Kuhn</u>			Mother's Name Birthplace <u>Dayton, O.</u>				
Name of person giving information <u>Wm A Brown</u>			How related to deceased <u>Father</u>				

CAUSES OF DEATH

6

Primary <u>Measles and Asthma</u>	How long <u>5 days</u>
Immediate <u>Cardiac Asthma (hemothorax)</u>	How long <u>some years</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>H. P. Fahney M.D.</u>
	Address <u>Frederick Rd</u>
Accident or Suicide?	

PHYSICIAN
OR CORONER

In front
Mt Olivet Cemetery
May 5. 07

Name
in
Full

Mary Jane Merchant

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month 5	Day 22	Age 89	Years	Months 10	Days 3
Sex	Female	Color or Race	White	Birth-place	Mount Royal, Md.		
Occupation	House Wife		Where Residing if not at place of death	Same			
Married, Single or Widowed	Widow	Name of Wife or Husband	John R. Merchant	Father's Name	(Burken) McPhee Med		
Mother's Maiden Name	Burkenowson			Mother's Birthplace	Unknown		
Name of person giving Information	Mannie Merchant		How related to deceased	Daughter			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary

General Debility

How long

six weeks.

Immediate

General Prostration.

How long

two weeks.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

H. J. Merchant

Address

303 S. Market St.

Baltimore.

Accident or Suicide?

Intermittent at Met Olvest

" May 24 -

Thomas J. Rice

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Arthur Miller.				CERTIFICATE OF DEATH			
Died at		Town	County		MARYLAND		
Date of death	1907	Month May	Day 3	Years 9	Months 0	Days 8	
Sex	Male.	Color or Race	White		Birth-place	Frederick, Md.	
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Sigle	Name of Wife or Husband					
Father's Name	Charles Miller.					Father's Birthplace	Frederick, Md.
Mother's Maiden Name	Ellen. Fizzle.					Mother's Birthplace	" "
Name of person giving information	G. W. Miller.					How related deceased	Grandfather

CAUSES OF DEATH

10

Primary

Influenza, Bushits (Cant)
Collapse

How long

1 week

Immediate

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Arthur Miller
Ornamental
St.

Accident or Suicide?



Name
in
Full

B. H. Miller

No. 8

CERTIFICATE OF DEATH

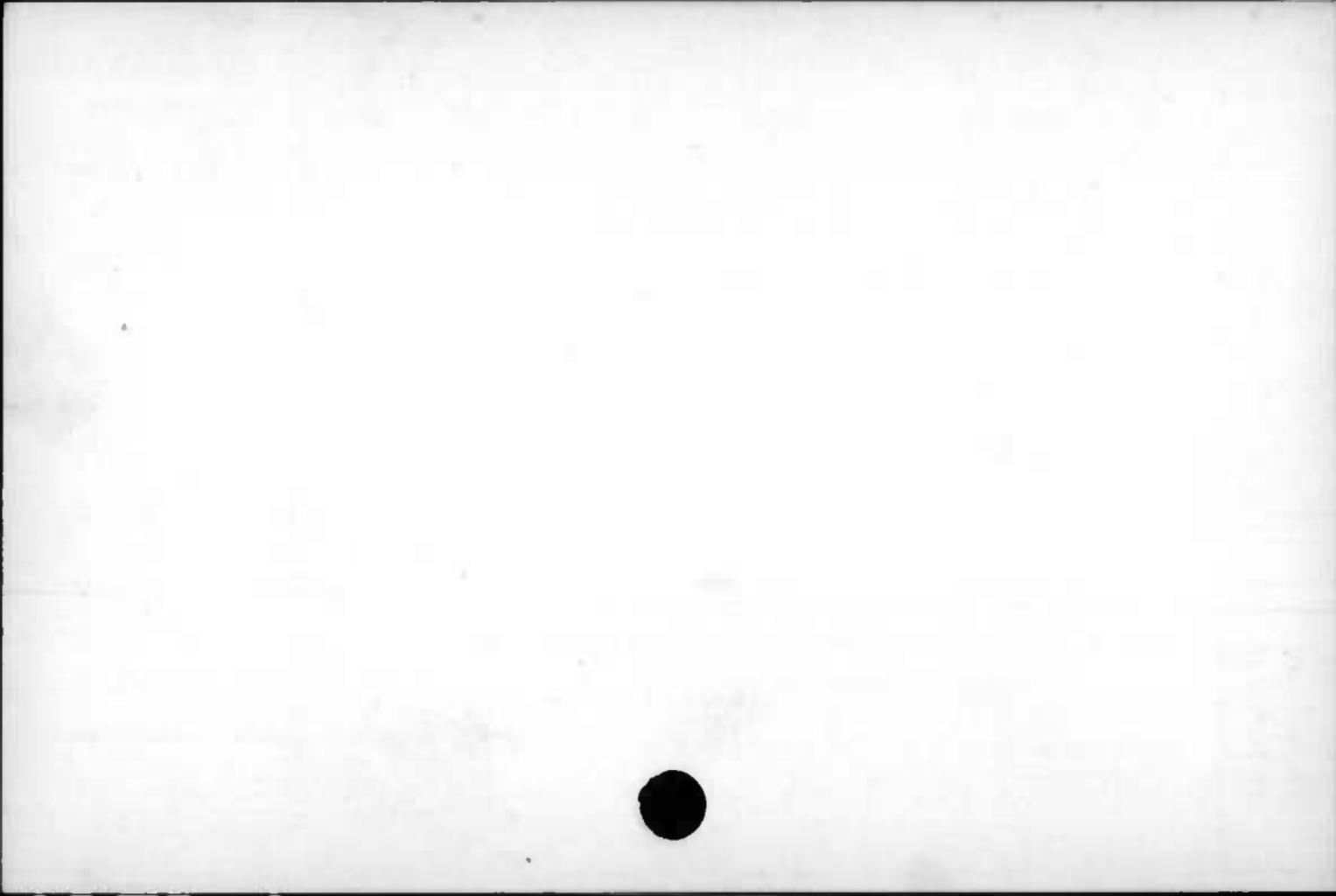
To BE ANSWERED BY
NEAREST FRIEND

Died <u>near Monrovia</u>		Town	County	MARYLAND	
Date of death 1907	Month May	Day 17	Years Age about 21	Months	Days
Sex Male	Color or Race white	Birth- place <u>Don't Know</u>			
Occupation <u>Brakeman on Railroad</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Don't Know</u>	Name of Wife or Husband				
Father's Name <u>Don't Know</u>	Father's Birthplace <u>Don't Know</u>				
Mother's Maiden Name <u>Don't Know</u>	Mother's Birthplace <u>Don't Know</u>				
Name of person giving Information <u>no one</u>	How related to deceased				

CAUSES OF DEATH

164

PHYSICIAN OR CORONER	Primary <u>Fractured skull. Struck by</u>	How long <u>death instantaneous</u>
	Immediate <u>Locomotive</u>	How long <u>How long</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>H. H. Hopkins M. D.</u>
		Address <u>New Market</u>
Accident or Suicide? <u>accident</u>		<u>Md.</u>



Name
in
Full

John J. Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Frederick	"			
Date of death	1907	Month 5	Day 23	Years 82	Months 11	Days 15
Sex	Male	Color or Race	White	Birth-place	Frederick	MD
Occupation	Retired Farmer		Where Residing if not at place of death	X		
Married, Single or Widowed	Name of Wife or Husband		Mary Wisconsin			
Father's Name	George Moore		Father's Birthplace	Md		
Mother's Maiden Name	Margaret Haller		Mother's Birthplace	Md		
Name of person giving information	Frank Moore		How related to deceased	Grand son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Famil Debility -

Immediate
Exhaustion

154

How long

1 month

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Chas. J. Godell, M.D.

Frederick, Md

Accident or Suicide?

No

M. O. Emory

—
May 25-1907

6.6.6 Early

Name
in
Full

Samuel Munsicker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month 5	Day 4	Years 72	Months -	Days 27	
Sex	Male	Color or Race	White	Birth-place	Baltimore, Md		
Occupation	Farm Laborer		Where Residing if not at place of death	Sarah			
Married, Single or Widowed	Widower	Name of Wife or Husband	Elizabeth Brown	Father's Birthplace	Md		
Father's Name	Joseph Munsicker			Mother's Birthplace	Md.		
Mother's Maiden Name	Unknown			How related to deceased	Daughter		
Name of person giving information	Mrs. Jas. E. Starr						

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary

Arterio Sclerosis

1 year.

Immediate

Paralysis of Brain

3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Frank Hedges
Frederick

Name
in
Full

Mary W. Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1907	Month 5	Day 26	Years 39	Months 9	Days 0	
Sex	Female	Color or Race	Black	Birth-place			
Occupation	House Wife		Where Residing if not at place of death	Same			
Married, Single or Widowed	Married	Name of Wife or Husband	John Nelson	Father's Birthplace			
Father's Name	Wm. Wallace			Mother's Birthplace			
Mother's Maiden Name	Unknown			How related to deceased			
Name of person giving Information	John Nelson			Husband			

CAUSES OF DEATH

79

Primary

Chronic Myocarditis

How long

1 year

Immediate

Heart Failure

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Wm. M. Smith
Frederick, Md.

Accident or Suicide?

Statement at Coopers Hill

" Apr 28 -

Thomas P. Rice

Name
in
Full

Edward L. Huzz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1907	May	27	55	3	14	
Sex	Male	Color or Race	white	Birth-place	Md	
Occupation	Brick mason		Where Residing if not at place of death	<i>Clementine A. Huzz.</i>		
Married, Single or Widowed	Name of Wife or Husband		<i>Hiram Huzz</i>		Father's Birthplace	
Father's Name	<i>Mary Mobberley.</i>		<i>1907</i>		Mother's Birthplace	
Mother's Maiden Name	<i>Roy Huzz.</i>		<i>Md</i>		How related to deceased	
Name of person giving information	<i>12 hours</i>		<i>64</i>		How long	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

apoplexy (cerebral hemorrhage)

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Wm Crawford Huzz

Address

Frederick Md

Accident or Suicide?

No

Mt Allineet
29/cist

Still Birth

Pfeifer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month May	Day 5	Years	Months	Days	
Sex	female	Color or Race	Age at Birth		Birth-place	Md	
Occupation			Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	William G Pfeifer		Father's Birthplace			Md	
Mother's Maiden Name	Lena Gantz		Mother's Birthplace			Mob	
Name of person giving Information		26 M Pfeifer		How related to deceased			
CAUSES OF DEATH							

(8)

PHYSICIAN
OR CORONER

Primary

Atelectasis

How long

Immediate

Immediate

Are the name, age, sex, color, date and place correctly given above?

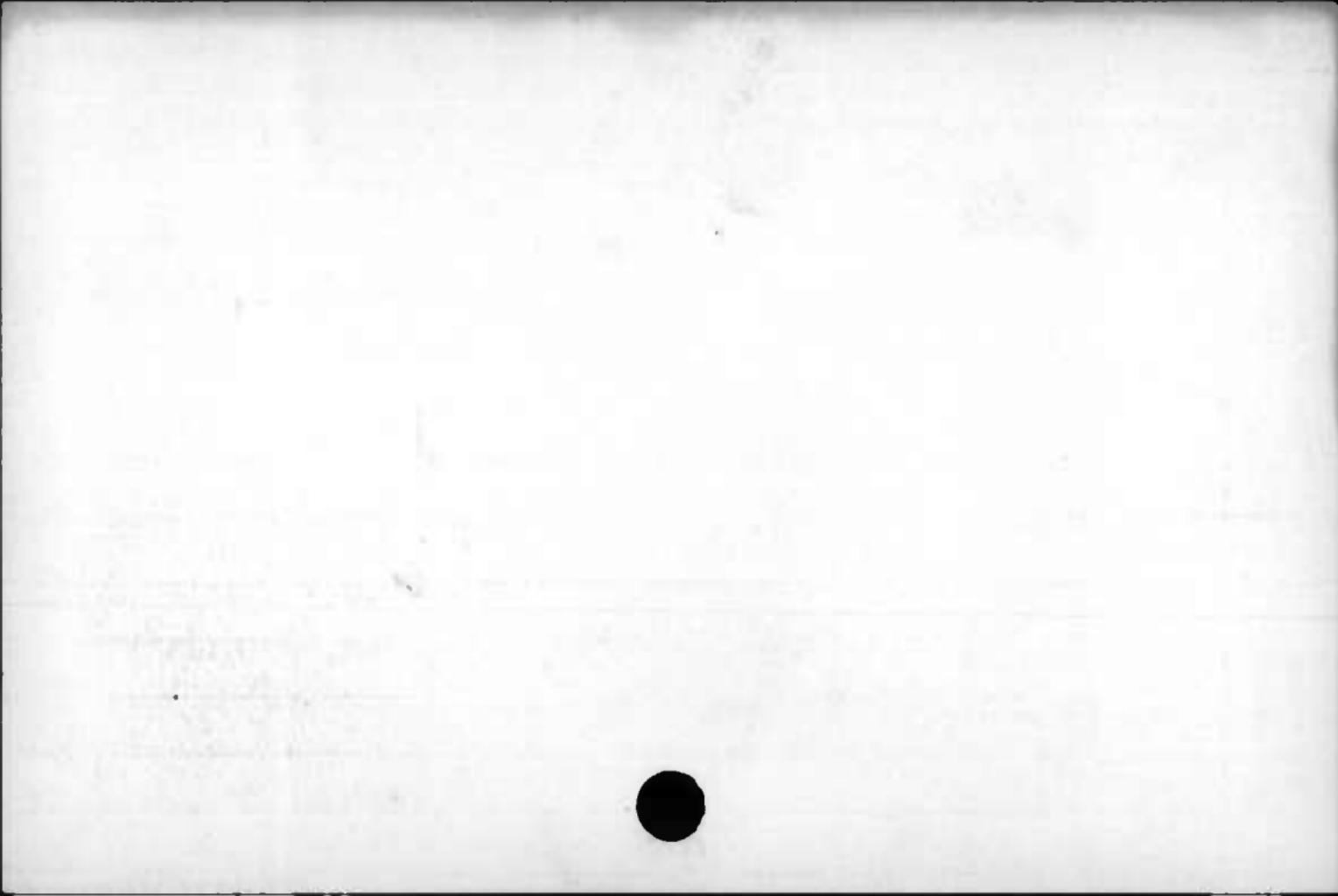
yes

Signature of Physician

Address

Leave Yourer-
Burkittsville Md

Accident or Suicide?



Ellen Phoenix

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at Fredk		Town Fredk		County Fredk		MARYLAND	
Date of death 1907	Month May	Day 6	Age 81	Years 81	Months —	Days 2	
Sex Female	Color or Race white	Birth-place Med					
Occupation House	Where Residing if not at place of death John Phoenix (dece)						
Married Single Widowed	Name of Wife or Husband Jacot Phoenix		Father's Birthplace Bethany				
Father's Name Jacot Phoenix	Mother's Birthplace Germany		Mother's Maiden Name ann Bowllie				
Mother's Maiden Name ann Bowllie	How related to deceased		Name of person giving information Family record				

CAUSES OF DEATH

154

How long

How long

Primary

old age

Immediate

Exhaustion

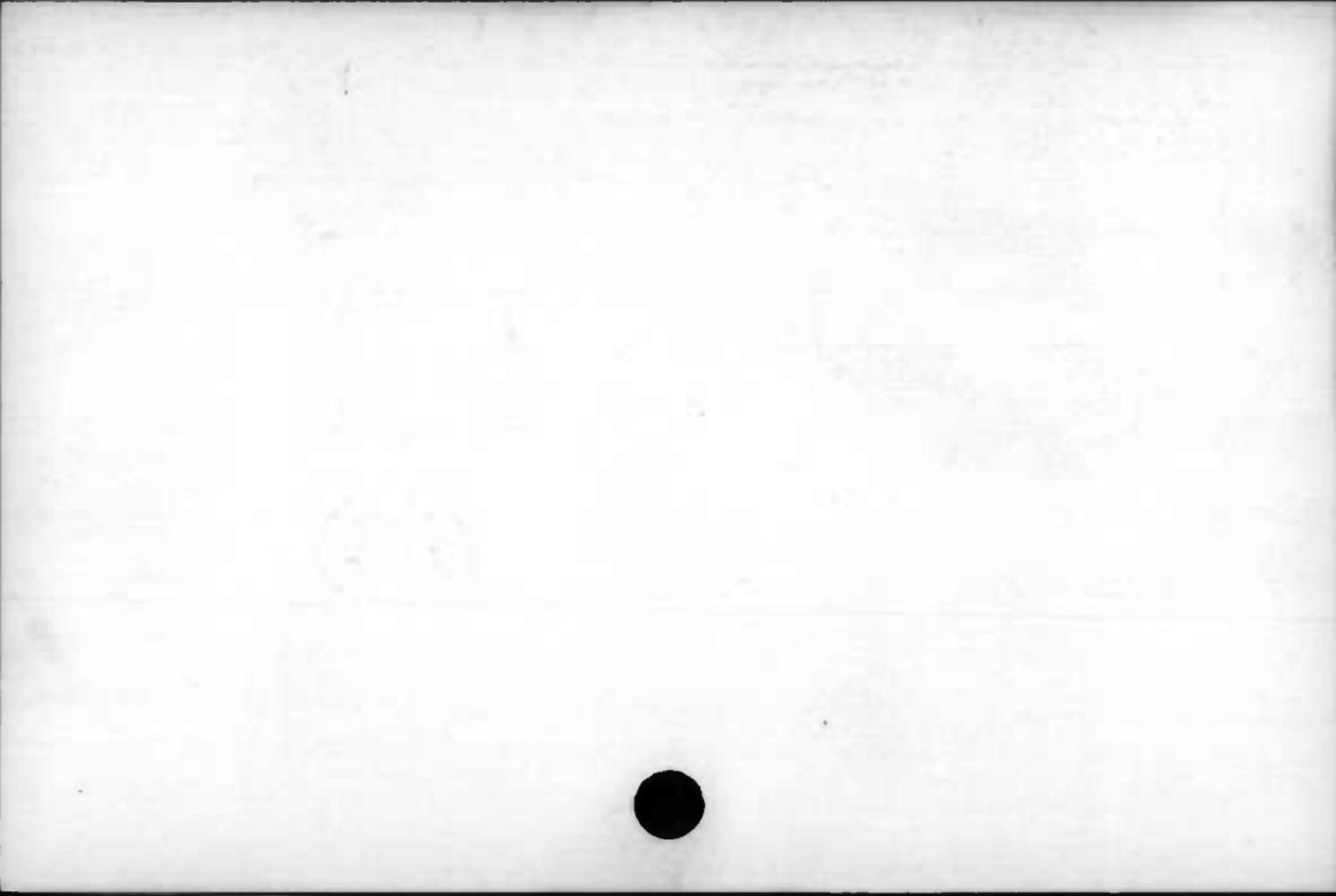
Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Frederick L. Rowe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Year	Months	Days
1907	May	2	37-	8
Sex	Color or Race	Birth-place	Pleasant Walk	
Occupation	Where Residing if not at place of death			
Farmer	Pleasant Walk			
Married, Single or Widowed	Name of Wife or Husband	/		
Single	-	/		
Father's Name	Pleasant Walk			
Jessiah Rowe	/			
Mother's Maiden Name	Burketsville			
Rebecca Rowe				
Name of person giving information	/			
Jessiah Rowe	/			
/				

CAUSES OF DEATH

27

How long

1/2 year

How long

PHYSICIAN
OR CORONER

Primary

Phthisis Pulmonalis

Immediate

-

Are the name, age, sex, color, date and place correctly given above?

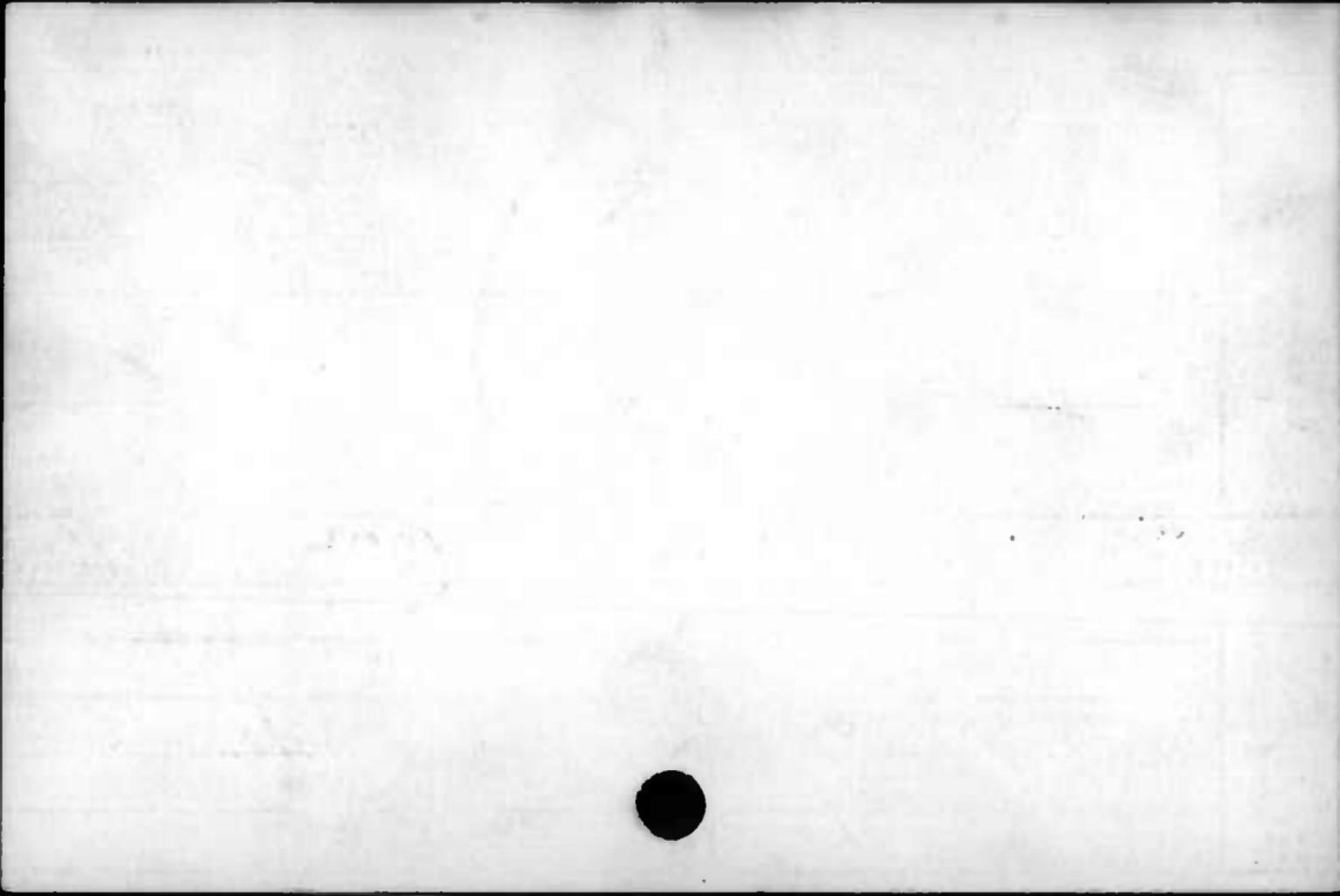
Yes -

Signature of Physician

Address

W. C. Wheeler M.D.
Boulevard Washington
Maryland

Accident or Suicide?



Name
in
Full

Thomas Ruskels

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	190	Month 7 May	Day 31	Years 75	Months	Days
Sex	Male	Color or Race	white	Birth-place	Frederick Co	
Occupation	Johnson					
Married, Single or Widowed	Widower	Name of Wife or Husband	Widower			
Father's Name	Unknown					
Mother's Maiden Name	Unknown					
Name of person giving Information	Hospital Record					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary

Senility

How long

Immediate

Exhaustion.

How long

Are the name, age, sex, color, date and place correctly given above?

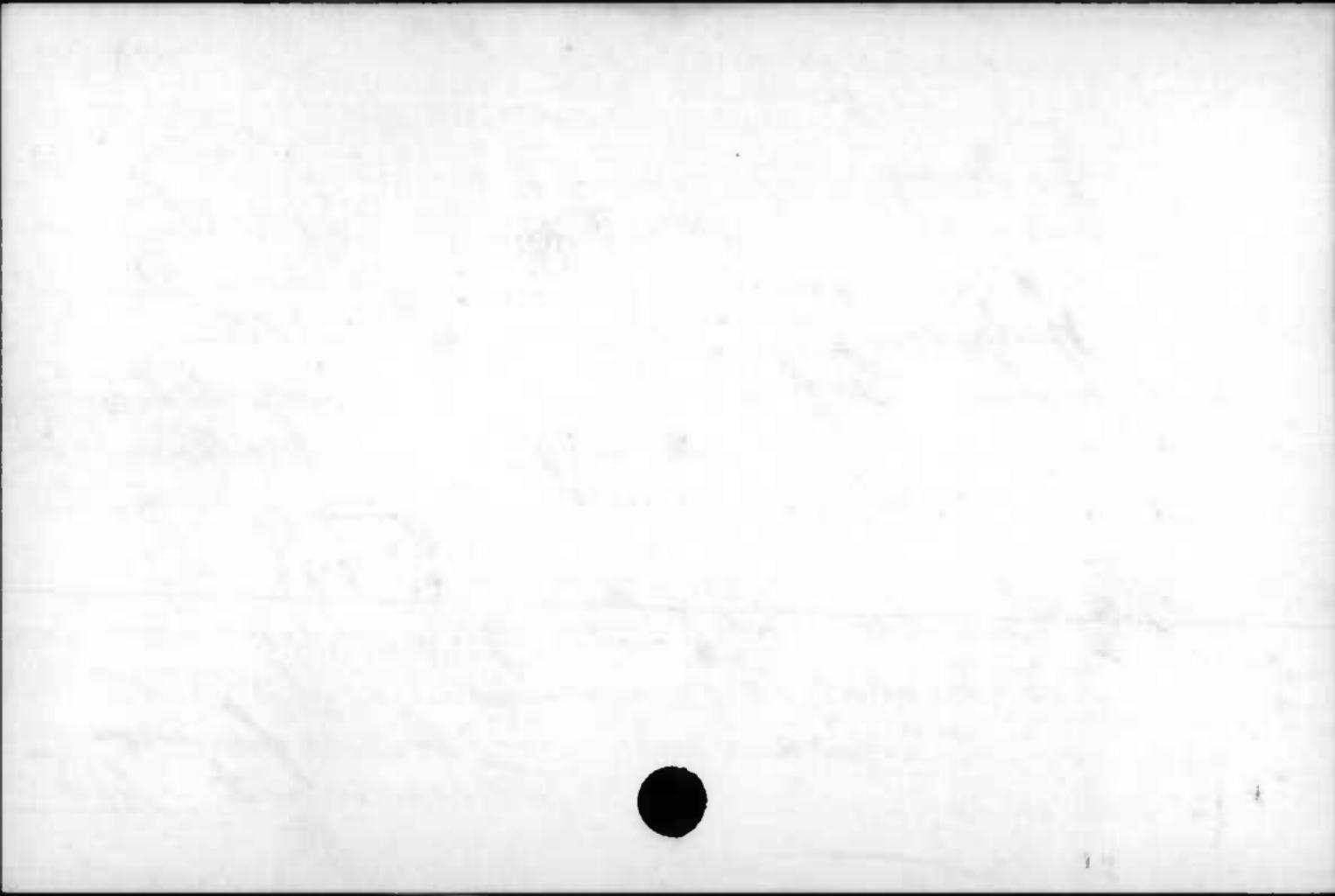
yes

Signature of Physician

Address

R. S. Syson,
Frederick,
Md.

Accident or Suicide?



Name
in
Full

Emmie Maria Smith

CERTIFICATE OF DEATH

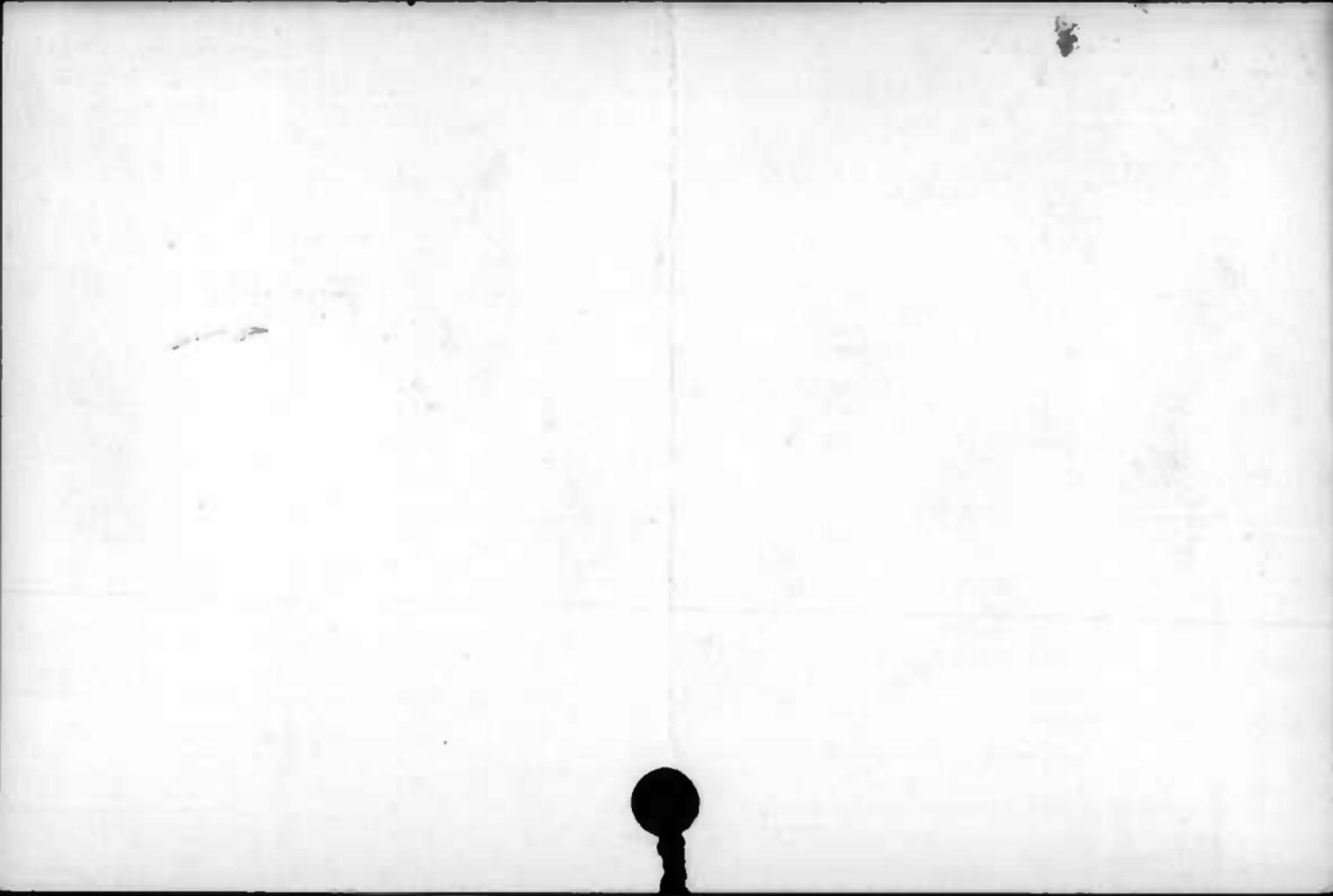
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	John Smith			
Father's Name	John Cobbley				
Mother's Maiden Name	Sarah Ramsburg				
Name of person giving Information	Ella Smith				

CAUSES OF DEATH

92

PHYSICIAN OR CORONER	Primary	Cerebral softening		How long
	Immediate	Bronchitis - Pneumonia		How long
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	E. G. Kefauver
Filed 1907		Address Thurmont, Md		
Accident or Suicide?				



Name
in
Full

Clara Irene Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Died at ^{Town} Deerfield		County	Frederick	
Date of death	1907	Month May	Day 12	Years —	Months 4
Sex	Female		Color or Race	White	
Occupation	—		Where Residing if not at place of death	a - place of death	
Married, Single or Widowed	—		Name of Wife or Husband	—	
Father's Name	David Smith		Father's Birthplace	Deerfield Md	
Mother's Maiden Name	Mary Gertrude Smith		Mother's Birthplace	Frederick Md	
Name of person giving information	David Smith		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Convulsions	71	How long	ten Minutes
Immediate	11		How long	ten Minutes
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		G. L. Wachler	
	Address		Sabineville Md	
Accident or Suicide?				

Name
in
Full

Ellen Estelle Smoother

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1907	May	15	4	5		
Sex	Female	Color or Race	Colored	Birth-place	Burkittsville	
Occupation	Child	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	William Smoother		Father's Birthplace	Md		
Mother's Maiden Name	Harriet Brown		Mother's Birthplace	Md		
Name of person giving Information	Will Smoother		How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Extensive Burn

167

How long

Immediate

Immediate

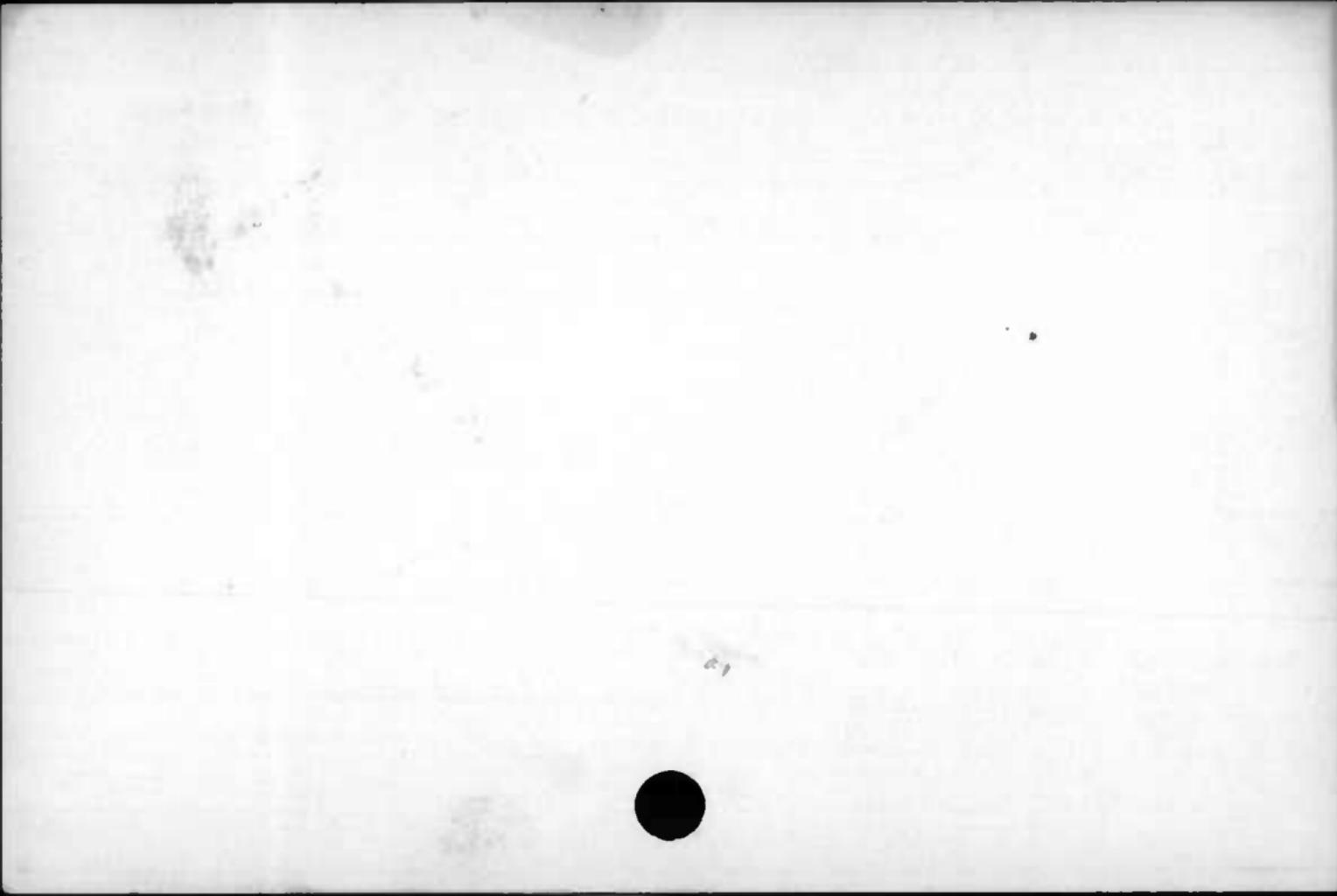
Are the name, age, sex, color, date and place correctly given above?

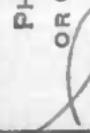
Signature of Physician

Address

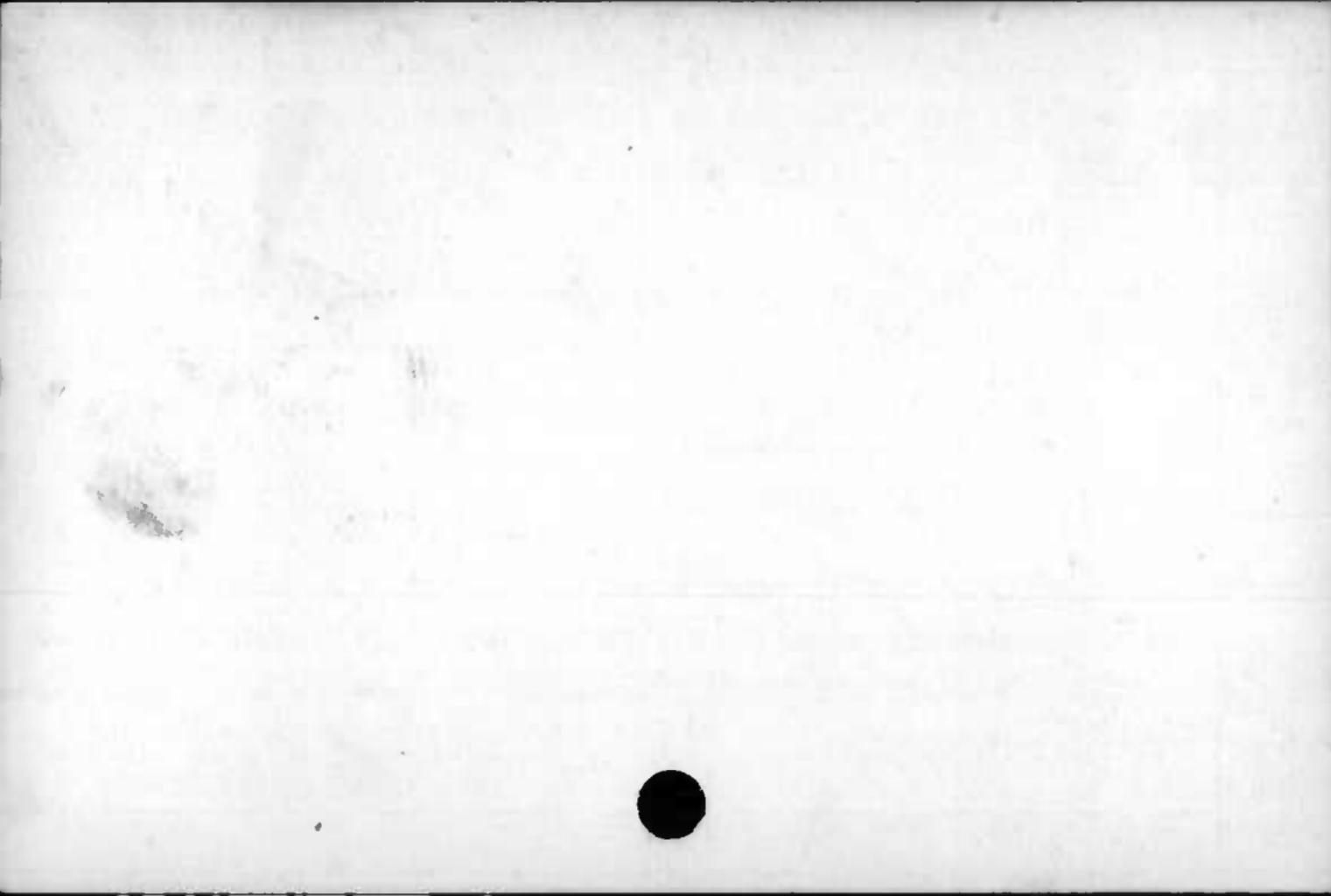
George Younce
Burkittsville Md

Accident or Suicide?





Jane C. Snyder					No. 7, CERTIFICATE OF DEATH	
Died near New Market			Town Frederick County		MARYLAND	
Date of death 190	Month May	Day 3	Age 63	Years	Months	Days
Sex Female	Color or Race white		Birth-place Maryland			
Occupation none	Where Residing if not at place of death					
Married, Single or Widowed widow	Name of Wife Husband		Samuel Snyder			
Father's Name John Cutsail			Father's Birthplace Md			
Mother's Maiden Name Catherine Fogle			Mother's Birthplace Md			
Name of person giving information Geo. Cutsail			How related to deceased Brother			
CAUSES OF DEATH					37	
Primary	Pulmonary Tuberculosis				How long 3 years	
Immediate					How long	
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician		H. H. Hopkins	
			Address		New Market	
Accident or Suicide?	no				Md.	



Name
In
Full

Susan Rebecca Thomas.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

NEAREST FRIEND

Died at <u>Adamsstown</u>		County <u>Greene</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>5</u>	Day <u>22</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>MD</u>			
Occupation <u>X</u>	Where Residing if not at place of death <u>Adamsstown</u>				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Josiah Thomas</u>				
Father's Name <u>Michael Thomas</u>	Father's Birthplace <u>Fredrick Co</u>				
Mother's Maiden Name <u>Eve Thomas</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>Leaphus M Thomas</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary

General development

One year

Immediate

Dear Failure

How long
3 weeks.

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address:

100 Century
Adams Town

Accident or Suicide?

Mt Olivet Cemetery

May 25 1907

Al Hartly Funeral Director,

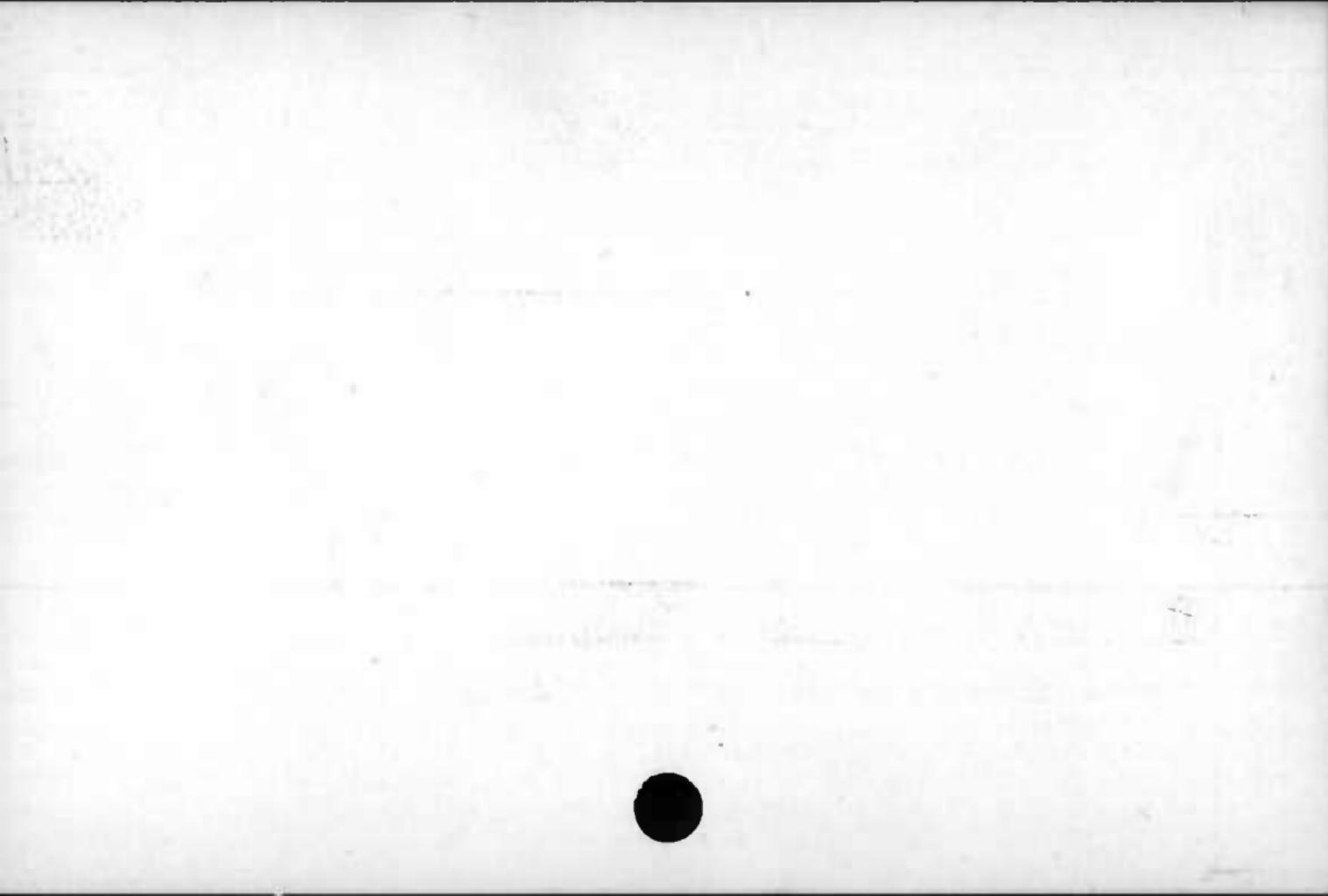
Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Frederick</u>		Town <u>Frederick</u>	County <u>Frederick</u>	MARYLAND		
Date of death <u>1907</u>	Month <u>May</u>	Day <u>26</u>	Years	Months	Days	
Sex <u>Male</u>	Color or Race <u>white</u>	Age	Birthplace <u>Frederick</u>			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name <u>John E. Topper</u>	Father's Birthplace <u>Thurmont, Md.</u>					
Mother's Maiden Name <u>Ora V. Topper</u>	Mother's Birthplace <u>Jarretstown Va.</u>					
Name of person giving Information <u>John E. Topper</u>	How related to deceased <u>Father</u>					
CAUSES OF DEATH						
Primary	⑧ How long					
Immediate <u>Stillborn</u>	How long					
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. M. Goodman M.D.</u>					
	Address <u>Frederick Md.</u>					
Accident or Suicide?						



Name
in
Full

Claude Marion Nalleh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Edgewater

County

Frederick

MARYLAND

Date
of death

1907

Month

3

Day

14

Years

20

Months

9

Days

2

Sex

male

Color or
Race

white

Birth-
place

Frederick Co.

Occupation

Clark.

Where Residing if not
at place of death

Same.

Married, Single
or Widowed

single

Name of Wife or
Husband

Father's
Name

Eugene A Nalleh

Father's
Birthplace

Frederick Co. Md.

Mother's
Maiden Name

Edith Green

Mother's
Birthplace

Frederick Co. Md.

Name of person giving
Information

E. G. Nalleh

How related
to deceased

Father

CAUSES OF DEATH

50

Primary

Stimulus

How long

6 mos.

Immediate

Conv.

How long

24 hrs.

Are the name, age, sex, color, date
and place correctly given above

Signature of
Physician

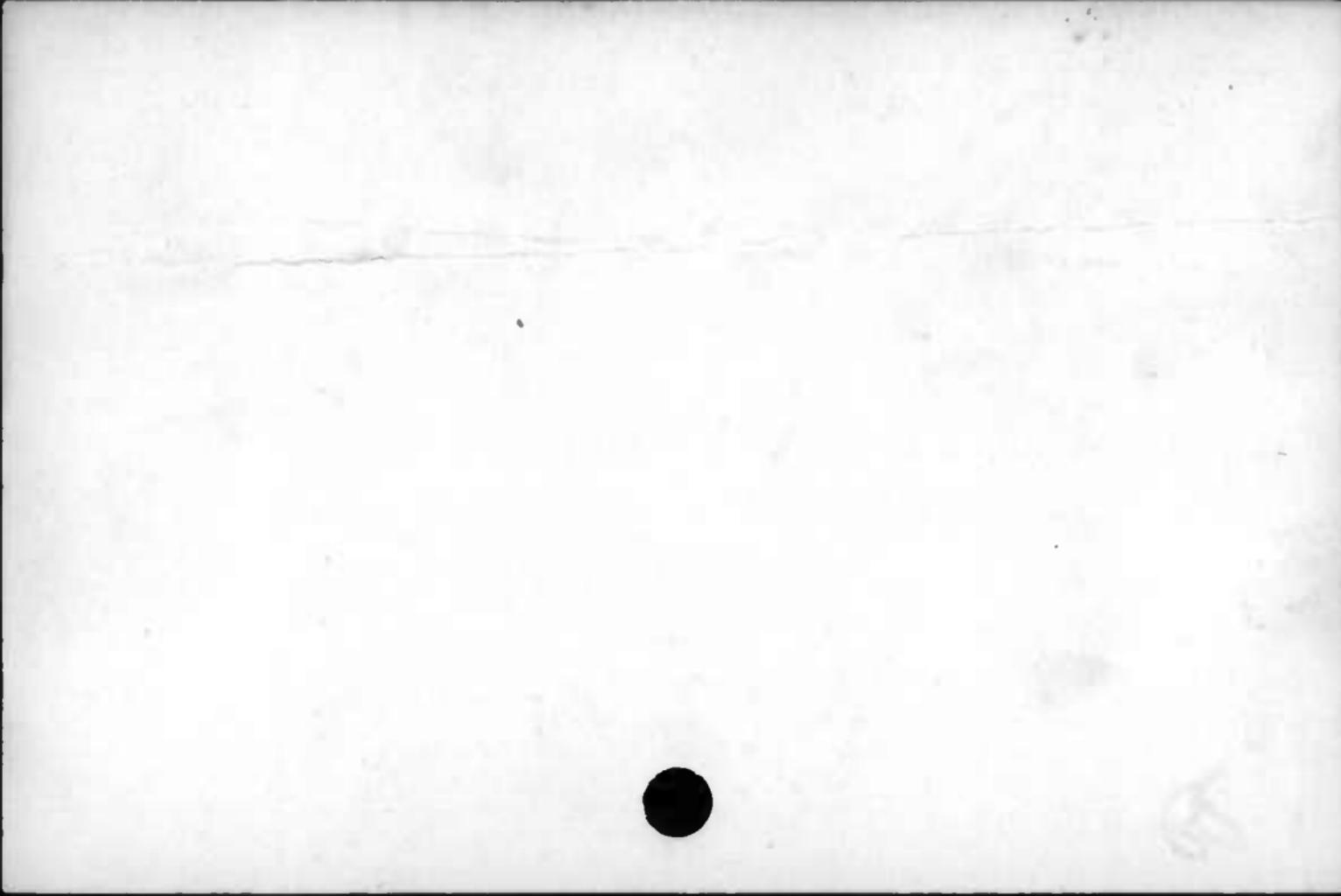
Address

C. C. Conley

Edgewater
Md.

8

Accident or Suicide?



Name
in
Full

Joseph Mishaa

No. 9.

CERTIFICATE OF DEATH

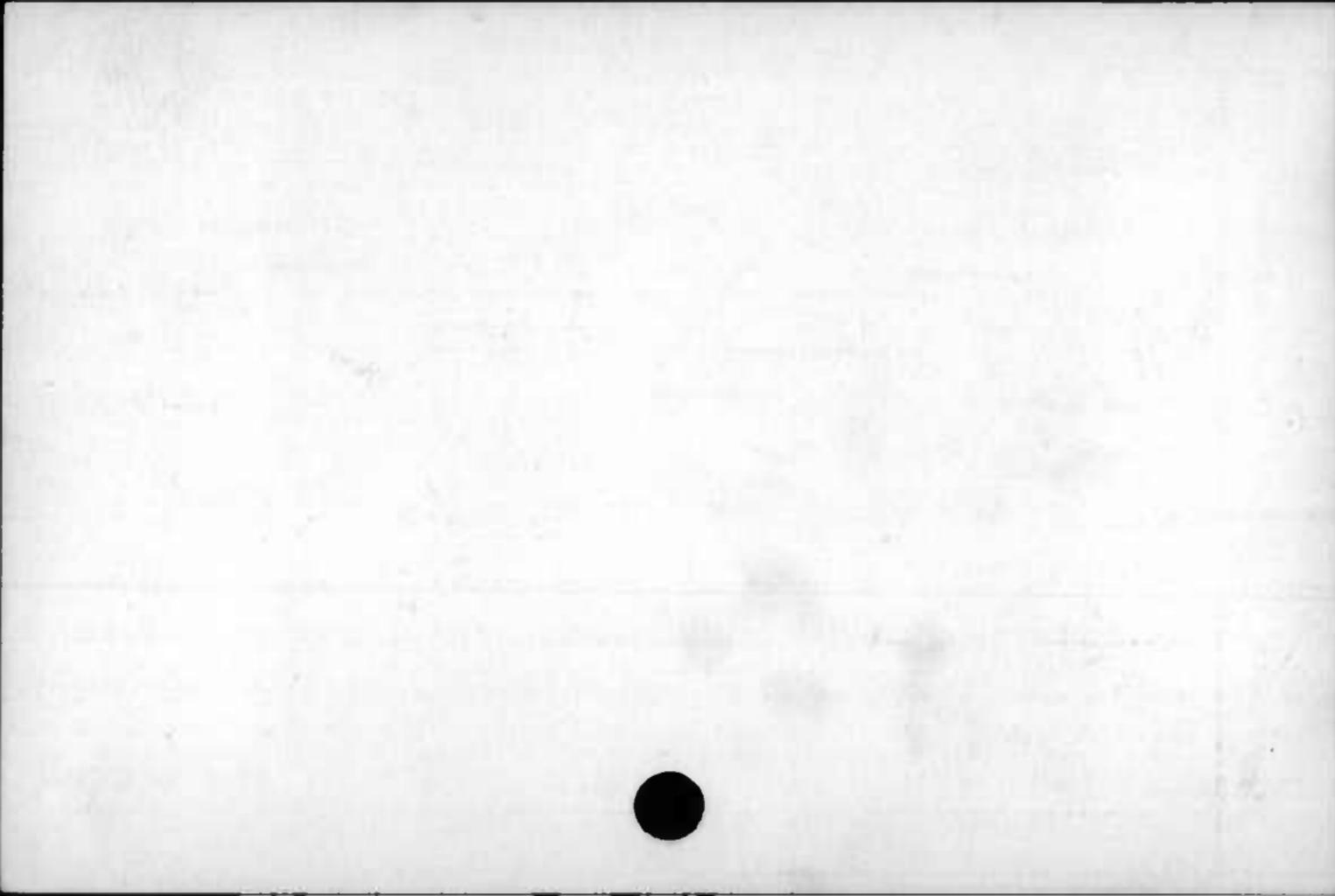
TO BE ANSWERED BY
NEAREST FRIEND

Died <u>near New Market</u>		Town <u>Frederick</u>		County <u>MARYLAND</u>	
Date of death <u>1907</u>	Month <u>May</u>	Day <u>19</u>	Years <u>76</u>	Months <u>6</u>	Days <u>3</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birthplace <u>Germany</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>widow</u>	Name of Wife or Husband <u>Angelinae Mishaa</u>				
Father's Name <u>Francis Mishaa</u>	Father Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Lizzie Mishaa</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>Mary Speeris</u>	How related to deceased <u>daughter</u>				

CAUSES OF DEATH

125

Primary	<u>Hypertrophy of Prostate</u>		How long <u>15 years</u>
Immediate	<u>Chinian, Septicæmia</u>		How long <u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>H. H. Hopkins M.D.</u>	Address <u>New Market</u>
Accident or Suicide? <u>no</u>		Freck Co., Md	



Mary Sherman Young

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	May	10	—	—	20
Sex	Female	Color or Race	White	Birth-place	Frederick
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	Ernest W Young		Father's Birthplace	Hagerstown, Pa	
Mother's Maiden Name	Edith Poole		Mother's Birthplace	Frederick, Md	
Name of person giving information	Ernest W Young		How related to deceased	Father	

CAUSES OF DEATH

151

Primary

Premature Child

How long

2 weeks

Immediate

Inanition

How long

Gradual

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J.B. Johnson

Frederick, Md.

Accident or Suicide?

St John Catholic Cemetery -
6.6 6, 7 15

May 10th 1907

Name
in
Full

no 43

Unknown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Romanian	Birth-place	Romania
Occupation	R.R. laborer		Where Residing if not at place of death	Baltimore Md	
Married, Single or Widowed	unknown	Name of Wife or Husband	unknown	unknown	
Father's Name	unknown		Father's Birthplace	unknown	
Mother's Maiden Name	unknown		Mother's Birthplace	unknown	
Name of person giving Information	Dr. Wm C. Johnson		How related to deceased	acquaintance	
CAUSES OF DEATH					
Primary	Get under train leg cut off body buried about body		How long	153	
Immediate	shock never rallied		24 hours		
Are the name, age, sex, color, date so far as and place correctly given above? <i>so far as accurate</i>			Signature of Physician	<i>Wm Campbell known</i>	
			Address	<i>Fredrick Md.</i>	
Accident or Suicide?			accident		

